



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 FEB -1 AM 10:37
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

My Home Health

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Tom Johnstone 460 E. Hwy 81 Burley Idaho 83318

(Name) (Address)

August Dietz 460 E. Hwy. 81 Burley Idaho 83318

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Tom Johnstone

(Name)

460 E. Hwy 81

(Address)

Burley Idaho 83318

(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Tom Johnstone

Signature: Tom Johnstone

Printed Name: August Dietz

Signature: August Dietz

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/02/2016 05:00

EX:1101 CT:319762 BH:1511576
1@ 25.00 = 25.00 ASSUM NAME #2

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