

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

09 FEB 19 AM 9: 01

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

<ol> <li>The assumed business name which the undersig business is:</li> <li>FITZ CO MEDIC</li> <li>The true name(s) and business address(es) of the sum of the control of the</li></ol>	AL CLAIMS
business under the assumed business name:  Name	Complete Address  3708 VINTAGE WAY  Boise, ID. 83706
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
3708 VINTAGE WAY BOISE, ID. 83706	(208) 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	
	Secretary of State use only
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inted Name: PLES,	IDAHO SECRETARY OF STATE 02/19/2009 05 a CK: 18641 CT: 234275 BH: 11