## **FILED EFFECTIVE**

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2015 MAR -5 PM 4: 35

VE.	submits for filing a certificate of Assumed Br	usiness Name. STATE OF IDAHO
	Please type or print legibly. Instructions are included on back of app	lication.
1.	The assumed business name which the und business is:  MIRACLE-EAR	dersigned use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) business under the assumed business nam <u>Name</u>	e:
	RIVER VALLEY HEARING, LLC	Complete Address 1927 IDAHO STREET, LEWISTON, ID, 83501
	(W101016)	1927 IDARO STREET, LEWISTON, ID, 83501
	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street
	MARK BANKS  1927 IDAHO STREET  LEWISTON, ID 83501	PO Box 83720 Bolse ID 83720-0080 208 334-2301
<b>5.</b>	Name and address for this acknowledgment copy is (if other than # 4 above):	
		Secretary of State use only
	ture	
	d Name: MARK BANKS	IDANO SECRETARY OF STATE
Capacity/Title: MEMBER / OWNER		03/06/2015 05:00
Signature:		CK:2639406 CT:172099 BH:146497
Printe	d Name:	16 25.00 = 25.00 ASSUM NAME #2
	ity/Title:	
		<b>/</b> * 1

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