



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

2007 FEB 28 AM 9:00

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

Heartland Floto Pharmacy

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Pharmease LLC  
(W15397)

1790 Sabin, Idaho Falls, Id  
83401

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Pharmease LLC c/o Reece Christensen  
1790 Sabin Pres.  
Idaho Falls, Idaho 83401

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

Phone number (optional):

208-552-7677

Secretary of State use only

Signature: Danny K. Seamon  
(signature required)

Printed Name: Danny K. Seamon

Capacity/Title: Vice President

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
02/28/2007 05:00  
CK: 2485 CT: 152153 BH: 1036364  
1 @ 25.00 = 25.00 ASSUM NAME # 2