



# 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

2002 MAY -8 AM 8:43

SECRETARY OF STATE  
STATE OF IDAHO

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

Eloto Long-term Care 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  
(W-15597)

1790 Sahlin Drive  
Ammon, ID 83406

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

- ☒ Retail Trade  
☐ Wholesale Trade  
☐ Services  
☐ Manufacturing  
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities  
☐ Construction  
☐ Agriculture  
☐ Mining

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

Robert Spiel  
1790 Sahlin Drive  
Ammon, ID 83406

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

Robert F. Spiel

Printed Name:

Robert F. Spiel

Capacity/Title:

President

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Phone number (optional):

208-552-7677

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE  
05/08/2002 05:00  
CK: 1318 CT: 160239 BH: 464408  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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