

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Mountain States Blood CARE

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

Name	Address
<u>JUSTIN C FAGRAN</u>	<u>5503 CASSIA BOISE 05</u>

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

SERVICE

See categories on the reverse

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

Mountain States Blood CARE

5503 CASSIA BOISE, ID 83705

Signed



By

Capacity

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/98

IDAHO SECRETARY OF STATE
DATE 03/06/1997
0900 70229 2
OK #: 2780 CUST #: 77650
ASSUM NAME 10 - 20.00= 20.00

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