



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 SEP 16 AM 9:23

SECRETARY OF STATE  
STATE OF IDAHO

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

Shoshone Pharmacy

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Gooding Pharmacy, Inc. 405 Nicole Drive, Jerome, ID 83338

(Name) (Address)

C206578

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☒ Retail Trade

☐ Wholesale Trade

☐ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Jason Reading

(Name)

405 Nicole Drive, Jerome, ID 83338

(Address)

Jerome, ID 83338

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Jason Reading

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

09/16/2016 05:00

CK:3107 CT:206593 BH:1546666  
10 25.00 = 25.00 ASSUM NAME #2

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