



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

2004 JUN -3 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

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

Kootenai Prosthetic and Orthotic Services

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

Name

K.P.O.S., Inc

C122533

Complete Address

1321 Northwood Center Court,

Coeur d'Alene, ID 83814

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Robert A. Miller

1321 Northwood Center Court

Coeur d'Alene, ID 83814

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

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

FirstBank Northwest

1233 Northwood Center Court

Coeur d'Alene, ID 83814

Phone number (optional):

208-292-2604 (Sue)

Signature

Robert A. Miller
(signature required)

Printed Name:

Robert A. Miller

Capacity/Title:

President

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
06/03/2004 05:00
CK: 51605 CT: 87353 BH: 740479
1 @ 25.00 = 25.00 ASSUM NAME # 2

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