



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 OCT -1 AM 8:43

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

SECRETARY OF STATE  
STATE OF IDAHO

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):

Orange LLC. (w/ 56044) 3652 Washington Parkway, Idaho Falls, ID 83404

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Orange LLC.

(Name)

3652 Washington Parkway

(Address)

Idaho Falls, ID 83404

(City)

(State)

(Zipcode)

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

Orange LLC

(Name)

403 1st St.

(Address)

Idaho Falls

(City)

ID

(State)

83401

(Zipcode)

Printed Name: Jacob R. Bryan

Signature: [Signature]

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

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

10/01/2015 05:00

CK:40205 CT:263358 BH:1494536  
1@ 25.00 = 25.00 ASSUM NAME #2

D 181768