

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

02 APR 15 AM 9:46

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the undersign business is: 	ed use(s) in the transaction of
Floto Pharmacy	
2. The true name(s) and <u>business</u> address(es) of the ebusiness under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Pharmease, LLC 179	O Sabin Drive
	ho Falls, ID83406
3. The general type of business transacted and and	
The serioral type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	ublic Utilities
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture 	
	Submit Certificate of
	Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	14ame and \$20.00 188 to:
 The name and address to which future correspondence should be addressed: 	Secretary of State
D. L. C.	700 West Jefferson Basement West
Bob Spiel	PO Box 83720
1790 Sabin Drive	Boise ID 83720-0080
Idaho Falls, ID 83406	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	208-552-7677
	Secretary of State use only
yg	, or other time only
rinted Name: Bret Wight apacity/Title: Member/Manyary	
rinted Name: Bych Wight	
apacity/Title: Member/Maurali	TRAUS OFFICE
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IDAHO SECRETARY OF STATE

94/15/2002 95:00

CK: 1257 CT: 158010 BH: 459190

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