

227

FILED EFFECTIVE



# 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.

2010 MAR -2 AM 11:20

SECRETARY OF STATE  
STATE OF IDAHO

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

Vic's Family Pharmacy

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

Name

Custom Rx LLC

Complete Address

173 W. 4th Street

Kuna, ID 83634

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:

Custom Rx LLC

P.O. Box 248

Kuna, ID 83634

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature: Travis Walthall

(signature required)

Printed Name: Travis Walthall

Capacity/Title: Managing Member

(see instruction # 8 on back of form)

Secretary of State use only

g:\completemailbox\form\idaho.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
03/02/2010 05:00  
CK: 395761 CT: 172899 BH: 1218496  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D137307