

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.

07 OCT 19 AM 8:37
SECRETARY OF STATE
STATE OF IDAHO

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

Magic Valley Midwifery

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

Name	Complete Address
✓ <u>Connie J. Wolcott</u>	<u>274 S. 360 W. Jerome, ID</u> <u>83338</u>
_____	_____
_____	_____

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Phone number (optional):

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

D.L. Evans Bank
980 S. Lincoln
Jerome, ID 83338

Signature: Connie J. Wolcott
(signature required)

Printed Name: Connie J. Wolcott

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
10/19/2007 05:00
CK: 9885693 CT: 158810 BH: 1081285
1 @ 25.00 = 25.00 ASSUM NAME # 2

5-1000 Information Formulation p65
Revised 04/2003

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