

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO 98 MAY 18 AM 10:56

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name  
SECRETARY OF STATE  
STATE OF IDAHO

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

HOME MEDICAL OF Sandpoint

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

<u>Name</u>	<u>Complete Address</u>
Home Medical & More, L.L.C.	2615 N 4th St., Ste. 527
	Coeur d'Alene ID 83815

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

David Westover

2615 N 4th St., Ste. 527

Coeur d'Alene ID 83815

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

IDAHO SECRETARY OF STATE

CK: 2826 CT: 86156 BN: 111586

1 @ 20.00 = 20.00 ASSUM NAME

Signature

Printed Name: David Westover

Capacity: Manager

(see instruction # 8 on back of form)

Revision 2/87

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