

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## Please type or print legibly. Instructions are included on back of application.

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CERTIFICATE OF  ASSUMED BUSINESS I  Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busi  Please type or print legibly. Instructions are included on back of applic	undersigned iness Name.
The assumed business name which the under business is:         Treasure Valley Emergency Medical Services System          The true name(s) and <u>business</u> address(es) or business under the assumed business name:	ersigned use(s) in the transaction of  of the entity or individual(s) doing  Complete Address
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction  Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Greg Owen Director, Canyon County Ambulance District  6116 Graye Lane, Caldwell, ID 83607	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 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):  Paul J. Fitzer  950 West Bennock Suite 520  Boise, ID 93/02  Signature:	Secretary of State use only
Printed Name: Paul J. Fitzer Capacity/Title: Legal Counsel Signature: Printed Name:	IDAHO SECRETARY OF STATE  ②2/01/2013 05:00  CK: 17541 CT: 127716 BH: 1358435 1 0 25.00 = 25.00 ASSUM NAME # 2

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Capacity/Title: \_