

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 DEC 28 PM 4:24

SECRETARY OF STATE
STATE OF IDAHO

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

Injury Care EMS

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

C190948
Injury Care Emergency Medical Services PC 4850 N. Rosepoint Way, Ste 100, Boise, ID 83713

(Name) W143468 (Address)

Resilient Transport, LLC 7283 E. Saxton Ln., Nampa, ID 83687

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade☐ Construction☒ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

4850 N. Rosepoint Way

(Name)

Ste 100

(Address)

Boise, ID 83713

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Richard RadnovichSignature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/28/2016 05:00

CK:4455712 CT:172099 BH:1561311

1@ 25.00 = 25.00 ASSUM NAME #3

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