



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2018 AUG -3 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

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

Premier Home Care

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):

C-px Medical Alert Inc 3547 E Monarch St, Ln Ste F-246
 (Name) (C 2059774) (Address) Meridian ID 83646

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

John Michelsen

(Name)

3814 BISMARCK AV

(Address)

Caldwell

(City)

IDA

(State)

83605

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Charles J. Michelsen IV

Signature: John Michelsen

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/03/2018 05:00

CK:548 CT:361411 BH:1657138

1@ 25.00 = 25.00 ASSUM NAME #2

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