



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**

98 MAY -4 PM 2:36

To the SECRETARY OF STATE, STATE OF IDAHO

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:

Premier Health Care Services

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

Name	Complete Address
<u>Klinger Enterprises, Inc.</u>	<u>1164 North 360 West</u>
<u>doing business as</u>	<u>Blackfoot, Idaho 83221</u>

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

<input 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:

Phone number (optional): (208) 785-1522

Premier Health Care Services  
1164 N. 360 W.  
Blackfoot, Id. 83221

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Signature: Karen V. Klinger

Printed Name: Karen V. Klinger

Capacity: Secretary of Corporation

(see instruction # 8 on back of form)

Revision 1/98 g:\corpform\idaho.pds

Secretary of State use only

IDAHO SECRETARY OF STATE

05/04/1998 09:00  
CX: 3868 CT: 98179 BH: 107218

1 @ 20.00 = 20.00 ASSUM NAME

#14612