

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

**FILED EFFECTIVE** 

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2015 MAR -2 AM 18: 16

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

SECRETARY OF STATE

Heart in Motion Home Care	
<ol><li>The true name(s) and <u>business</u> add business under the assumed busine</li></ol>	lress(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Adrianne N Fisse RN	6522 West Tobi Drive
	Boise, ID
	83714
Manufacturing Mining Finance, Insurance, and Real	Assumed Business Estate Name and \$25.00 fee to:
<ol> <li>The name and address to which fut correspondence should be address Adrianne N Fisse</li> </ol>	Secretary of State
6522 West Tobi Drive	Boise ID 83720-0080
Boise ID 83714	208 334-2301
5. Name and address for this acknowl copy is (if other than # 4 above):	edgment
	Secretary of State use only
nature: admining M. Bime.	IDAHO SECRETARY OF STATE
nted Name: Adrianne N Fisse.	03/02/2015 05:00 CK:1391 CT:158010 BH:146410
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Capacity/Title:\_\_