

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 SEP -6 AM 11: 08

SECRETARY OF STATE
STATE OF IDAHO

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

North Valley Emergency Medical Service

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):

Boundary Ambulance P.O. Box 441 Bonners Ferry Idaho 83805

(Name) (Address)

Boundary Volunteer Ambulance P.O. Box 441 Bonners Ferry Idaho 83805

(Name) (Address)

AMBULANCE SERVICE INC
(C 30110)

(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:

Jeff Lindsey President

(Name)

P.O. Box 441

(Address)

Bonners Ferry Idaho 83805

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Jeff Lindsey

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/07/2018 05:00

CK:20099910 CT:172099 BH:1662776

10 25.00 = 25.00 ASSUM NAME #2

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