

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



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: -1 AM 9:09

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

Valley Home Oxygen

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>Harold A Olson</u>	<u>245 So 9 Montpelier, Id 83254</u>
<u>Leandra S Olson</u>	<u>245 So 9 Montpelier, Id 83254</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): 541-1100

Valley Home Oxygen

762 Washington

Montpelier Id 83254

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

same

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/08/2008 09:00  
CK: 11455 CT: 127857 BH: 297864

1 @ 20.00 = 20.00 ASSUM NAME # 2

233812

Signature: Leandra S Olson

Printed Name: Leandra S Olson

Capacity: owner

(see instruction # 8 on back of form)

Revision 2/87

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FILED/EFFECTIVE