

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

97 APR 30 AM 9:30

SECRETARY OF STATE
STATE OF IDAHO

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

Allan Care Diversified

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

Edward Applegate

Rt 3 Box 70C Hayden Lake

Id 83835

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☒

Construction

☐

Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

Edward Applegate

Rt 3 Box 70C

Hayden Lake Id 83835

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

Secretary of State use only

Signature: Edward R Applegate

Printed Name: Edward R Applegate

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97
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IDAHO SECRETARY OF STATE
DATE 04/30/1997
0900 87958 2
CK #: 93072 CUST# 28900
ASSUM NAME 1@ 20.00= 20.00

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