



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

### FILED EFFECTIVE

2017 SEP 25 AM 11:20

SECRETARY OF STATE  
STATE OF IDAHO

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

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):

Lynette Ages                      12714 W. Deep Canyon Dr., Star, ID 83669  
(Name)    (Address)

(Name)    (Address)

(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:

12714 W. Deep Canyon Dr., Star, ID 83669  
(Name)  
  
(Address)  
  
(City)                                      (State)                                      (Zipcode)

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

(Name)  
  
(Address)  
  
(City)                                      (State)                                      (Zipcode)

Printed Name: Lynette Ages  
Signature: *Lynette Ages*  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Secretary of State use only  
  
IDAHO SECRETARY OF STATE  
**09/25/2017 05:00**  
CK:1884 CT:322264 BH:1604285  
1@ 25.00 = 25.00 ASSUM NAME #2  
  
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