

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

Printed Name: _____

Signature:

FILED EFFECTIVE

2018 FEB -2 AM 9:31

SPORETARY OF STATE

					STATE OF IDA	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	Elmore EMS Training Cent	er				
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):					
	Leo Gilbride	2259 E. 8th N. Mountain Home, ID 83647				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
3.	The general type of busines Retail Trade Wholesale Trade Services	s transacted under th Construction Agriculture Manufacturing		☐ Transporta	name is: ation and Public U nsurance, and Re	
4.	Mailing address for future co	orrespondence:	5.	Name and addre	ss for this acknow # 4):	rledgment
	Leo Gilbride					
	(Name) 1020 W. Homedale Rd.			(Name)		<u></u> _
	(Address)			(Address)		
	Caldwell, ID 83607					
	(City) (S	(Zipcode)		(City)	(State)	(Zipcode)
Printed Name: Leo Gilbride Signature:				3	ary of State use only	
Printed Name:				02/02/2018 05:00 CK:4151 CT:352193 BH:1624863		
Signature:			į.	1@ 25.	00 = 25.00 AS	SUM NAME #