

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JUN 16 PM 4:12

SECRETARY OF STATE
STATE OF IDAHO

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

Paul Davis Cares

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):

PD Cares, Inc. 1022 East Lincoln Road, Idaho Falls, Idaho, 83401

(Name) (C 203040) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Garrett Meikle

(Name)

1022 East Lincoln Road

(Address)

Idaho Falls

ID

83401

(City)

(State)

(Zipcode)

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

Ryan B. Meikle

(Name)

P. O. Box 50130

(Address)

Idaho Falls

ID

83405

(City)

(State)

(Zipcode)

Printed Name: Garrett Meikle

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

06/16/2016 05:00

CK: PREPAID CT: 12945 BH: 1533670

16 25.00 = 25.00 ASSUM NAME #2

D187346