CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

09 DEC 18 AM 8:07

SECRETARY OF STATE
STATE OF IDAHO

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

   Blackfoot Hearing Zone

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Eastern Idaho Audiology, LLC	285-C West Judicial, Blackfoot, Idaho 83221
089144	

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

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☑ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

   Blackfoot Hearing Zone
   7808 Pocatello Creek Road
   Pocatello, Idaho 83201

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

Signature: _____ (signature required)

Printed Name: Kelley Olenick

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/18/2009 05:00
CK: 8102 CT: 243125 BH: 1199815
1 @ 25.00 = 25.00 ASSUM NAME # 3