

FILED EFFECTIVE



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.

Instructions are included on back of application.

2014 JUL 14 AM 10:00

SECRETARY OF STATE
STATE OF IDAHO

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

Park Vu Pharmacy

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

The Prescription Pad LLC 1118 NW 16TH St
(WI39017) Ste B
Fruitland ID 83619

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

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

1100 NW 12TH St
Fruitland, ID 83619

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

Cineta Lee
1100 NW 12TH St
Fruitland ID 83619

Signature: Cineta Lee

Printed Name: CINETA LEE

Capacity/Title: Member

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/15/2014 05:00

CK:41507 CT:298977 BH:1433214
10 25.00 = 25.00 ASSUM NAME #2

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