



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Click here to clear form.

2014 JUL 31 AM 9:12

Please type or print legibly.

Instructions are included on back of application.

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

Gem Express Medical Group

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

Joseph W. Petrie

275 E. 12th Street, Emmett, ID 83617

BreeAnn M. Petrie

275 E. 12th Street, Emmett, ID 83617

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:

Joseph and BreeAnn Petrie

PO Box 52

Emmett, ID 83617

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

Signature: *JPetrie*

Printed Name: Joseph W. Petrie

Capacity/Title: Co-founder, Owner/Operator

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/31/2014 05:00

CK:2509 CT:299611 BH:1435510
1@ 25.00 = 25.00 ASSUM NAME #2

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