

CERTIFICATE OF ASSUMED BUSINESS NAME

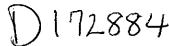
Click here to clear form.

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 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 <u>business</u> 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: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Joseph and BreeAnn Petrie Boise ID 83720-0080 PO Box 52 208 334-2301 Emmett, ID 83617 Name and address for this acknowledgment CODY is (if other than # 4 above): Secretary of State use only Signature: Xetwe Printed Name: Joseph W. Petrie IDAHO SECRETARY OF STATE Capacity/Title: Co-founder, Owner/Operator 07/31/2014 05:00 CK: 2509 CT: 299611 BH: 1435510 Signature: ____ Printed Name:

10 25.00 = 25.00 ASSUM NAME #2



Capacity/Title: