

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC 22 PM 1:02

Please type or print legibly. Instructions are included on back of application.

"SECRETARY OF STATE STATE OF IDAHO

	Luke's Family Pharm	асу	
2. The true name(s) and <u>business</u> business under the assumed b Name Luke's Family Pharmacy Limited Lia Company (W07329)	usiness name: bility 1910 Wir	entity or individual(s) doing <u>Complete Address</u> nterhaven Drive, Hailey, ID 83333	
☐ Wholesale Trade ☐ C ☑ Services ☐ A	ansportation and Pu onstruction griculture lining		
The name and address to which correspondence should be add Lucas R. Snell 1910 Winterhaven Drive		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
Hailey, ID 83333 5. Name and address for this ack copy is (if other than # 4 above): Terry G. Hogue, Esq. P.O. Box 460 Hailey, ID 83333	nowledgment	Secretary of State use only	
Signature: Lucas P. Lul		उन्तरकामु ज उक्काल घडन जासु	
Printed Name: Lucas R. Snell			
Capacity/Title: Manager			
Signature:		IDAHO SECRETARY OF STATE 12/22/2011 05:00	
Printed Name:		CK: 12709 CT: 91848 BH: 1382895 1 B 25.00 = 25.08 ASSUM MANE N 2	
Capacity/Title:			

abn.pmd Rev. 07/2010

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