



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 SEP 28 AM 8:38

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Nursing Outfitters

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

Name

Kathleen K Knight

Complete Address

513 South C Street

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

None yet

Phone number (optional):

731-3913

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

513 S0C St.

Ridge To

83350

Secretary of State use only

Signature: Kathleen K Knight
(signature required)

Printed Name: Kathleen K Knight

Capacity/Title: Owner

(see instruction # 8 on back of form)

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