



# 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.

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

2004 SEP 28 AM 8:38

SECRETARY  
STATE OF IDAHO

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

Complete Address

Kathleene K Knight

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 |  |

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

None yet

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

513 SoC St.  
Rupert ID  
83350

Signature:

Kathleene K Knight  
(signature required)

Printed Name:

Kathleene K Knight

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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

Phone number (optional):

731-3913

Secretary of State use only

D80472

IDAHO SECRETARY OF STATE  
09/28/2004 05:00  
CK: CASH CT: 158010 BH: 768323  
1 @ 25.00 = 25.00 ASSUM NAME # 2