

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 OCT 10 AM 8: 52

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

SECRETARIO OF STATE
STATE OF DATO

4. The appropriate true in the property with the	STATE OF CATU
1. The assumed business name which the business is:	undersigned use(s) in the transaction of
Mores Creek Family Medicine	
2. The true name(s) and <u>business</u> address business under the assumed business n Name Wilderness Medical Outreach PLLC W10545	name: Complete Address
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: 2607 Highway 21 Boise, ID 83716	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
	Secretary of State use only
ignature: Marcher 34 mo	_
rinted Name: Matthew J. Nelson, MD	_
Sapacity/Title: Owner/Sole-proprietor	_
ignature:	
Printed Name: N/A	CK: 1159671 CT: 172899 RH: 134387 1 0 25.00 = 25.00 ASSUM NAME #
Capacity/Title: N/A	

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