

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO 97 OCT 14 PM 3:05Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name, SECRETARY OF STATE  
STATE OF IDAHO

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

Advanced Foot & Ankle Center

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

<u>Name</u>	<u>Complete Address</u>
<u>Douglas Stanley Williams, D.P.M.</u>	<u>53 Poplar, Suite B</u>
	<u>Blackfoot, ID 83221</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 785-6700

Douglas S. Williams, D.P.M.  
53 Poplar, Suite B  
Blackfoot, ID 83221

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

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

Douglas S. Williams, D.P.M.  
930 West 275 South  
Blackfoot, ID 83221

Secretary of State use only  
IDAHo SECRETARY OF STATE

10/14/1997 09:00  
CR: 108 CT: 88479 BH: 46714

1 @ 20.00 = 20.00 ASSUM NAME

08915

Signature: Douglas S. Williams

Printed Name: Douglas S. Williams

Capacity: owner

(see instruction # 8 on back of form)

Revision 2/97

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