

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

97 OCT 14 PM 3:05

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:

Name

Complete Address

Douglas Stanley Williams, D.P.M.

53 Poplar, Suite B

Blackfoot, ID 83221

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

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

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

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

Secretary of State use only
IDAHO SECRETARY OF STATE

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

1 @ 20.00 = 20.00 ASSUM NAME

D8915

Signature: Douglas S. Williams

Printed Name: Douglas S. Williams

Capacity: owner

(see instruction # 8 on back of form)