

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

	CERTIFICATE OF	2013 MAR 12	
	ASSUMED BUSINESS  Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business	undersigned	
Please type or print legibly. Instructions are included on back of application.			
	<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>		
	Magic Valley Kidney Center		
	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:		
	TFLD Partners, LLC 9	20 Winter Street, Waltham, MA 02451	
	(W12113)		
3.	The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:	
	The name and address to which future	Secretary of State	
	correspondence should be addressed:	450 North 4th Street PO Box 83720	
	TFLD Partners, LLC 920 Winter Street	Boise ID 83720-0080	
	Waltham, MA 02451	208 334-2301	
	Name and address for this acknowledgment copy is (if other than # 4 above): TFLD Partners, LLC 7650 SE 27th St, Ste 200		
	Mercer Island, WA 98040	Secretary of State use only	
Signature:			
Printed Name: Ryan B. Pardo			

IDAHO SECRETARY OF STATE 03/12/2013 05:00 CK: 6556229 CT: 288501 BH: 1364261 1 0 25.00 = 25.00 ASSUM NAME # 2

0161702

Signature: \_\_\_

Printed Name: \_\_\_ Capacity/Title:

Capacity Fitle: General Counsel