

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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

FILED  
98 JUN -8 AM 8:21  
SECRETARY OF STATE  
STATE OF IDAHO

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

Hope Clinic

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>Jennifer E. Thompson</u>	<u>862 Bracken St. N.</u>
	<u>Twin Falls, ID 83301</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:

Jennifer Thompson  
862 Bracken St. N.  
Twin Falls, ID 83301

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

same

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

Signature: Jennifer E. Thompson  
Printed Name: Jennifer E. Thompson  
Capacity: owner

(see instruction # 8 on back of form)

Revision 2/97  
g:\corpform\stahn.pmf

Secretary of State use only  
IDAHO SECRETARY OF STATE  
06/08/1998 09:00  
CK: 125 CT: 99749 BH: 117472  
1 @ 20.00 = 20.00 ASSUM NAME

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