



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 DEC -3 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

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

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

Lincoln Professional Center

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

Name

Complete Address

Ronald Rogers

659 Riverview Dr., Twin Falls, Id

Rex McFarce

255 Los Lagos, Twin Fall, Id

Gary Evans

732 Riverview Dr. Twin Falls, Id

Fred Nelson

1134 Locust St. N. Twin Falls, Id

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Lincoln Professional Center

659 Riverview Dr.

Twin Falls, Id 83301

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

Signature: Ronald Rogers

Printed Name: Ronald Rogers

Capacity/Title: Partner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
12/03/2010 05:00
CK: 2707 CT: 253219 RN: 1249327
1 @ 25.00 = 25.00 ASSUM NAME # 2

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