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FILED/EFFECTIVE

01 OCT 31 AM 8:37

STATE OF IDAHO

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

Vein Improvement Program of Idaho

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

Name

Name
Brenda M. Williams

Complete Address

125 EAST Idaho Suite 101, Boise Idaho
83712

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

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

CLAUDIA WHITE MANAGER

Total Care

125 East Idaho Suite 101 Boise 83712

**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):

Phone number (optional):

208-384-9296

DR. BRENDA M. WILLIAMS M.P.

125 EAST Idaho Suite 101

Boise Idaho 83712

Signature:

Printed Name: _____

Capacity:

(see instruction # 8 on back of form)

Secretary of State use only

Revised 01/2001

IDAHO SECRETARY OF STATE
10/31/2001 05:00
CK: 1269 CT: 149267 BH: 427154
1 @ 20.00 = 20.00 ASSUM NAME # 2

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