



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 JUN 21 PM 11:19

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

DIAGNA RAD IOLOGY

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

Name

Monte Zarlingo

Complete Address

927 E Polston Ave, Ste 302
Post Falls, ID
83854

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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

927 E. Polston Ave
Suite 302
Post Falls, ID 83854

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-773-6900

Secretary of State use only

Signature: Monte Zarlingo

(signature required)

Printed Name: Monte Zarlingo

Capacity/Title: President

(see instruction # 8 on back of form)

9-2005-04000
Revised 04/2003

IDAHO SECRETARY OF STATE
07/21/2005 05:00
CK: 1385 CT: 190700 BH: 822588
1 @ 25.00 = 25.00 ASSUM NAME # 2

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