



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2002 AUG 16 AM 8:57
SECRETARY OF STATE
STATE OF IDAHO

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

Snake River Medical Services

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

Stan V. Haye

526 C Shoup Avenue West, Twin Falls, ID 83301

Diana Haye

526 C Shoup Avenue West, Twin Falls, ID 83301

Snake River Management, Inc.

526 C Shoup Ave West, Twin Falls, ID 83301

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 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

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

Snake River Medical Services

526 C Shoup Avenue West

Twin Falls, ID 83301

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

Same as above.

Phone number (optional):

(208) 736-7646

Signature: Stan V. Haye

(signature required)

Printed Name: Stan V. Haye

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
08/16/2002 05:00
CK: 3703 CT: 48107 BH: 483243
1 @ 20.00 = 20.00 ASSUM NAME # 2

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