

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

JAN 29 10 26 AM '98

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

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

Doctor's Office Connections, a

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

Name	Complete Address
<u>Debra F. Heyrend</u>	<u>618 Oriental Ave</u>
	<u>Burley ID 83318</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:

Phone number (optional): 208 678 4486

Doctor's Office Connections
618 Oriental Ave
Burley ID 83318

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

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: Debra F. Heyrend

Printed Name: Debra F. Heyrend

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State (use only)
IDAHO SECRETARY OF STATE

01/29/1998 09:00
CK: 1735 CT: 93429 BH: 77400
1 @ 20.00 = 20.00 ASSUM NAME

D11697

Revision 1/98

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