

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2003 JUL -7 AM 9: 24

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SELE OF IDAHO

Intermount	n Dermatology	
The true name(s) and business address(e business under the assumed business name Name	e:	
Family Practice Group, P.A.	Complete Address 1951 Bench Road, Suite B, Pocatello, ID 83201	
C 88FAI	. so i Bancii i road, oute B	, FUCATEIIO, 1D 63201
The general type of business transacted up	der the assumed busine	ss name is:
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities	
Services Agriculture Manufacturing Mining	Submit Certif Assumed Bu	1
Finance, Insurance, and Real Estate	Name and \$2	25.00 fee to:
4. The name and address to which future	Secretary of	
correspondence should be addressed:	700 West Jef Basement W	
Intermoutain-Dermatology dba Family Practice	PO Box 8372	· -
1951 Bench Rd., Suite B Pocatello, ID 83201	Boise ID 837 208 334-230	4
Codeno, ID 03201		
Name and address for this acknowledgme copy is (if other than # 4 above):	t Phone numbe	r (optional):
	Secretary	of State use only
gnature: Minelun fifth	3.3 Amount (CE)	
inted Name: Michael S. Baker, MD	Ambalanas na maranganas na	
apacity/Title: President	- 400 S	****
(see instruction # 8 on back of form)	i.	IDAHO SECRETARY OF STA

CK: 9866 CT: 158010 BH: 689864 25.00 = 25.00 ASSUM NAME # 2