IFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse.) TARY OF STATE, STATE OF IDAHO TO SOLVE THE transaction of the transaction CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name 1. The assumed business name which the undersigned use(s) in the transaction business is: BANNOCK SURGERY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Bolse Center for Fact Jugary 1400 W. BANNOCK W 2386 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 4. The name and address to which future Phone number (optional): correspondence should be addressed: Submit Certificate of Assumed Business Name and **\$20.00** fee to: 82102 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 02/02/2001 09:00 Signature: Printed Name: 29.00 ASSUM NAME # 2 Capacity: 7-42352

(see instruction # 8 on back of form)