



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.

2004 OCT 18 AM 10:22
STATE OF IDAHO
SECRETARY OF STATE

FILED EFFECTIVE

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

Les Bois OB/GYN

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

<u>Name</u>	<u>Complete Address</u>
<u>Boise Valley OB/GYN, P.A.</u>	<u>520 S. Eagle Rd., Ste 1243</u>
<u>81181</u>	<u>Boise, ID</u>
	<u>Meridian, ID 83642</u>

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 | |

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

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

Peter B. Livers, M.D.
520 S. Eagle Rd., Ste 1243
Meridian, ID 83642

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

Same

Phone number (optional):

884-1919

Secretary of State use only

Signature: Peter B. Livers, MD
(signature required)

Printed Name: Peter B. Livers, M.D.

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
10/18/2004 05:00
CK: 19103 CT: 183007 BH: 771611
1 @ 25.00 = 25.00 ASSUM NAME # 2

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