

FILED EFFECTIVE



# 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.

DEC 18 PM 4:14

STATE OF IDAHO

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

Boise Breast Consultants

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

James A. Wolf, MD, P.A.

222 N. Second St, #304

G/40071

Boise, ID 83702

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:

James A. Wolf, MD, P.A.

222 N. Second St, #304

Boise, ID 83702

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

Phone number (optional):

Secretary of State use only

Signature:

(signature required)

Printed Name:

JAMES A. WOLF MD

Capacity/Title:

owner/principal

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE  
12/19/2002 05:00  
CK: 34583 CT: 67242 BH: 632220  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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