CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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 of business is:

   WOOD RIVER EAR NOSE & THROAT CLINIC

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
ROD KACK, MD	191 5th STREET W
MARILYN TUGHETT, MD	PO Box 5980
	KETCHUM, ID 83340

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Agriculture
- [ ] Construction
- [ ] Transportation and Public Utilities
- [ ] Finance, Insurance, and Real Estate
- [ ] Mining

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

   ROD KACK, MD
   PO Box 5980
   KETCHUM, ID 83340

   Phone number (optional): _____

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

Secretary of State use only

Signature: [signature]

Printed Name: ROD KACK, MD

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 1/98

IDAHO SECRETARY OF STATE
01/27/1999 09:00
CK: 3541 CT: 118251 BH: 182451
1 @ 20.00 = 20.00 ASSUM NAME # 2

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