



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.

09 JUN 18 AM 10:24

STATE OF IDAHO

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

Caldwell Women's 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:

| <u>Name</u> | <u>Complete Address</u> |
|--------------------------------|-----------------------------------|
| <u>OB/GYN Associates, P.A.</u> | <u>2005 Arlington Avenue</u> |
| <u>C 49340</u> | <u>Caldwell, Idaho 83605-4883</u> |

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

| | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Kristi Jo Lynn, Administrator
OB/GYN Associates, P.A.
2005 Arlington Avenue

Caldwell, Idaho 83605-4883

Phone number (optional): (208) 454-2035

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

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

Signature: Brenda S Davies MD

Printed Name: Brenda S. Davies, M.D.

Capacity: President

(see instruction # 8 on back of form)

Revision 10/85

03/01/2005

SECRETARY OF STATE
06/18/1999 09:00
CX: 29974 CT: 117006 DH: 227054

10 20.00 = 20.00 ASSUM NAME # 2

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