



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.

10 JUN -1 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

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

Spring Creek Laser and Liposuction Center

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

Cannon Medical LLC
W 84680

1408 Pomerelle Suite H
Burley, ID 83318

3. The general type of business transacted under the assumed business name is:

- ☒ ~~Medical Cosmetic Spa~~
☐ 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 \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Cannon Medical LLC
1408 Pomerelle Suite H
Burley, ID 83318

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

Signature: Michael Cannon

(signature required)

Printed Name: Michael Cannon

Capacity/Title: Manager

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
06/01/2010 05:00
CK: 707 CT: 237909 BH: 1224637
1 @ 25.00 = 25.00 ASSUM NAME # 2

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