

227



# 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.

2007 OCT 16 PM 1:31

SECRETARY OF STATE  
STATE OF IDAHO

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

Eagle Family Health

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
<u>Linda D. Burke, M.D., P.A.</u>	<u>445 S. Fitness Place Eagle, ID</u>
<u>(C 131911)</u>	<u>Suite 130 83616</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 |                                                              |

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

Linda D. Burke, M.D.  
445 S. Fitness Place  
Eagle, Idaho 83616

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

The Lidstrom Group  
1070 N. Cole Road  
Boise, Idaho 83704

Signature: Linda D. Burke  
(Signature required)

Printed Name: Linda D. Burke, M.D.

Capacity/Title: Owner

(see instruction # 8 on back of form)

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

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/16/2007 05:00  
CK: 1311275 CT: 172099 BH: 1000029  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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