



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

02 JUL 25 PM 4:28

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assume Business Name

CLERK OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Horizon Women's Health

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
Horizon Health, P.A.

Complete Address
520 S. Eagle Rd., Suite 2104
Meridian, ID 83642

C129587

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 | |

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:

Margaret M. Jones, M.D.
520 S. Eagle Rd., Suite 2104
Meridian, ID 83642

Phone number (optional):

(208) 395-8500

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

Bart W. Harwood, Esq.
P.O. Box 1271
Boise, ID 83701-1271

Signature: 

Printed Name: Margaret M. Jones, M.D.

Capacity: President

(see instruction # 8 on back of form)

Secretary of State Use Only

IDAHO SECRETARY OF STATE
07/26/2002 05:00
CK: 27545 CT: 22597 BH: 479181
1 @ 20.00 = 20.00 ASSUM NAME # 3

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