

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 SEP -9 PM 3:27

SECRETARY OF STATE
STATE OF IDAHO

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

Teton Women's Health Center

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Teton Obstetrics and 2001 S. Woodruff Ave., Ste. 10, Idaho Falls, ID 83404

(Name) (Address)

Gynecology, P.A. C205004

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Teton Obstetrics and Gynecology, P.A.

(Name)

2001 S. Woodruff Ave., Suite 10

(Address)

Idaho Falls, ID 83404

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: William "Nick" Denson, M.D.

Signature: *William Denson*

Printed Name: Pamela Denson, M.D.

Signature: *P Denson*

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

09/09/2016 05:00

CK: PREPAID CT: 1117 BH: 1545650
1@ 25.00 = 25.00 ASSUM NAME #3

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