

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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:

NOV 17 10:49

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

TRINITY MOUNTAIN FAMILY PRACTICE

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>ELMORE MEDICAL CENTER HOSPITAL DISTRICT</u>	<u>895 N. 6th E.</u>

50300

Mountain Home, ID 83647

<u>IDAHO EMERGENCY PHYSICIANS, P.A.</u>	<u>2312 N. Cole, Suite B</u>
	<u>Boise, ID 83704</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:

ELMORE MEDICAL CENTER

ATTN: ADMINISTRATOR

P.O. BOX 1270 Mountain Home, ID  
83647

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

\_\_\_\_\_

\_\_\_\_\_

Signature: Greg L. Maurer

Printed Name: GREG L. MAURER

Capacity: ADMINISTRATOR

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/17/1998 09:00  
CK: 1460 CT: 106870 BH: 162151

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/87  
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