

## **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.

	Sleep Evalua	ation Labs
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
	Kimberly A. Vorse, M D , P.C.	380 Washington Ave., Suite 201
	(C 161319)	Ketchum, Idaho 83340
3.	The general type of business transacted unde	er the assumed business name is:
	Retail Trade Transportation as Wholesale Trade Construction	nd Public Utilities
	✓ Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
	The name and address to which future correspondence should be addressed:  Kimberly A. Vorse	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
		Secretary of State use only
ignati rinted	I Name: Kimberty A. Vorse President  Ty/Title: President	Revised 04/2003
	ity/Title: President	Reverse
~har	(see Instruction # 8 on back of form)	IDAHO SECRETARY OF 9 97/25/2005 0

07/25/2005 05:00 CK: 2433 CT: 158010 BH: 822995 1 0 25.00 = 25.00 ASSUM NAME # 2