



# 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.

09 DEC 21 AM 10:00

SECRETARY OF STATE  
STATE OF IDAHO

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

Sherman Family Medicine

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

Rathdrum Clinic Inc.  
C 147568

14775 Nth Kimo Crt Ste B  
Rathdrum, ID 83858

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:

14775 Nth Kimo Crt Ste B  
Rathdrum, ID 83858

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

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

Signature: Michael Whiting

(signature required)

Printed Name: Michael Whiting MD

Capacity/Title: Owner / President

(see instruction # 6 on back of form)

Secretary of State use only

g:\corp\forms\abn form\abn.psf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
12/22/2009 05:00  
CX: 9152 CT: 241108 BH: 1200197  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 135691