



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.
Instructions are included on back of application.

FILED EFFECTIVE

11 FEB 24 AM 8:19

SECRETARY OF STATE
STATE OF IDAHO

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

Gate City Health Scans

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

Jennifer H. Webster

1956 Touch Drive, Inkorn, ID 83245

R. Mark Webster

1956 Touch Drive, Inkorn, ID 83245

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 \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Gate City Health Scans

1956 Touch Drive

Inkorn, ID 83245

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

N/A

Secretary of State use only

Signature: Jennifer H. Webster

Printed Name: Jennifer H. Webster

Capacity/Title: Owner/CEO

Signature: R. Mark Webster

Printed Name: R. Mark Webster

Capacity/Title: Owner/VP

IDAHO SECRETARY OF STATE
02/24/2011 05:00
CK: 13472 CT: 150018 BM: 1261484
1 @ 25.00 = 25.00 ASSUM NAME # 2

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