



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.

2013 OCT 17 AM 9: 17

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: The Family Clinic 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 Kenneth C. Romney, MD, Inc. 411 Park Terrace Drive 20002/ Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction ■ Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street 526 Shoup Avenue Suite E PO Box 83720 Boise ID 83720-0080 Twin Falls, ID 83301

Signature: Ker Comments

5. Name and address for this acknowledgment

Printed Name: Kenneth C. Romney, MD

CODY is (if other than #4 above):

Capacity/Title: Owner

Signature:

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Printed Name: ______
Capacity/Title:

abn.pmd Rev. 07/201

Secretary of State use only

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IDAHO SECRETARY OF STATE

10/17/2013 05:00

CK: 3746 CT: 288660 BH: 1394381

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