

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

(Please type or print legibly)

00 JUN -7 PM 1:58

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

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

JENSEN BOOKS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
COMPREHENSIVE URGENT & FAMILY CARE PLLC	5223 SAGEWOOD IDAHO FALLS, ID 83406

(W6348)

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:

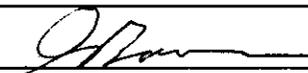
DR. DAVID BOWMAN
COMPREHENSIVE URGENT & FAMILY
CARE PLLC
5223 SAGEWOOD
IDAHO FALLS, ID 83406

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

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

IDAHO SECRETARY OF STATE

Signature: 

Printed Name: DR. DAVID BOWMAN

Capacity: MANAGING MEMBER
(see instruction # 8 on back of form)

9:\corp\forms\stahn.psm6 Revised 2/97

06/07/2000 at 09:00
CK: 1121 CT: 100074 IN: 324418

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 36450