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CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned _____ STATE OF IDAHO 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:

Saltzer Medical Group

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

Saltzer Medical Group, PA 215 E Hawaii Ave, Nampa, ID
C44629 83686

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: Phone number (optional): 463-3067

Saltzer Medical Group
215 E Hawaii Ave.
Nampa, ID 83686

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

Robyn Prouty-Corral
215 E. Hawaii Ave.
Nampa, ID 83686

Signature: Nancy Powell

Printed Name: Nancy Powell

Capacity: CFO

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/22/2001 09:00
 CK: 37888 CT: 98634 BH: 373879

1 @ 20.00 = 20.00 ASSUM NAME # 2

D-42048

FILED EFFECTIVE