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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  
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:

<u>Name</u>	<u>Complete Address</u>
<u>Saltzer medical Group, PA</u>	<u>215 E Hawaii Ave, Nampa, ID</u>
<u>C 44629</u>	<u>83686</u>

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: 37088 CT: 98654 BH: 373879

1 @ 20.00 = 20.00 ASSUM NAME # 2

D-42068

Revision 12/98

01/09/2001 17:52 TO:ADMINISTRATION

FROM: 2083342080

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