



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

11 DEC 23 AM 9:15

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Seasons Family Medicine

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

Seasons Medical, P.L.L.C.
(W10639)

36 Professional Plaza, Rexburg,
ID 83440

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:

Seasons Medical, P.L.L.C.
36 Professional Plaza
Rexburg, ID 83440

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

Signature: R. Lofgran MD

Printed Name: Robert C. Lofgran

Capacity/Title: Member, Board Chairman

Signature: G. Schwierman

Printed Name: Geff Schwierman

Capacity/Title: Executive Director

Secretary of State use only

IDAHO SECRETARY OF STATE
12/23/2011 05:00
CK: 14718 CT: 250296 BH: 1302990
1 @ 25.00 = 25.00 ASSUM NAME # 2

D152116