



# 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.**

**FILED EFFECTIVE**

2014 OCT 17 AM 9:12

SECRETARY OF STATE  
STATE OF IDAHO

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

PDC

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

Name

Pediatric Development Clinic INC

Q 203786

Complete Address

4846 Windriver Dr, Idaho Falls, Idaho 83401

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:

Pediatric Development Clinic

P.O. Box 365

Iona, Idaho 83427

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

Same as above

Signature:

Printed Name: James King

Capacity/Title: President

Signature:

Printed Name:

Capacity/Title:

Secretary of State use only

IDaho SECRETARY OF STATE  
10/17/2014 05:00  
CK:2167 CT:302283 BH:1445691  
1 @ 25.00 = 25.00 ASSUM NAME #3

*Dn4423*