CERTIFICATE OF ASSUMED BUSINESS NAME

2004 JAN 12 AM 8:57

STATE OF IDAHO

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

Please type or print legibly.
Note: See instructions on reverse before filing.

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

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
F. LAMARR HEYREND, M.D., P.A. (C-61280)	355 N. ALLUMBAUGH BOISE, IDAHO 83704

3. The general type of business tranacted under the assumed business name is:

- ___ Retail Trade
- ___ Wholesale Trade
- ✓ Services
- ___ Manufacturing
- ___ Finance, Insurance, and Real Estate
- ___ Transportation and Public Utilites
- ___ Construction
- ___ Agriculture
- ___ Mining

4. The name and address to which future correspondence should be addresses:
INTERMOUNTAIN NEURO PSYCHIATRIC
405 N. ALLUMBAUGH
BOISE, IDAHO 83704

5. Name and address for this acknowledgment copy is (if other than #4 above):
F. LAMARR HEYREND, M.D., P.A.
355 N. ALLUMBAUGH
BOISE, IDAHO 83704

Phone Number (optional): (208) 376-2518

Signature: F. LaMarr Heyrend

Printed Name: F. LAMARR HEYREND, MD

Capacity/Title: PRESIDENT

D71990

IDAHO SECRETARY OF STATE
01/13/2004 05:00
CK: 4051 CT: 158010 BH: 721347
1 @ 25.00 = 25.00 ASSUM NAME # 2