

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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 or business is:

HEADY ANESTHESIA

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

Name	Address
<u>WILLIAM HEADY CRNA</u>	<u>8329 HILL RD BOISE ID 83703</u>
_____	_____
_____	_____

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

Services

See categories on the reverse

4. The name and address to which correspondence should be addressed:

William Heady CRNA
8329 HILL RD BOISE ID 83703

Signed William Heady

By William Heady

Capacity _____

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

SECRETARY OF STATE

03/29/2000 09:00
CK: 062 CT: 129021 DI: 303790

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Revision 10056

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SECRETARY OF STATE
STATE OF IDAHO