



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 SEP 24 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Toe Enterprises

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

Gayle Smith Professional Corporation

802 N Lincoln St. Post Falls, ID 83854

(C201079)

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

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

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

Gayle Smith Professional Corporation

DBA Toe Enterprises

802 N. Lincoln St., Post Falls, ID 83854

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

Signature: [Signature]

Printed Name: Gayle Smith, MD

Capacity/Title: President

Signature: [Signature]

Printed Name: Patrick Soto, MD

Capacity/Title: Vice President

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

Secretary of State use only

IDAHO SECRETARY OF STATE
09/24/2014 05:00

CK:1113 CT:301444 BH:1442550
1@ 25.00 = 25.00 ASSUM NAME #2

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