

FILED, EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

00 JUL -5 PM 1:58



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 of business is:

MINI, CASSIA MEDICAL

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 LAURENCE V. HICKS, D.O. Complete Address (1) 1218 9TH ST, SUITE 11, RUPERT, ID 83350
(2) 2311 PARKE, SUITE 3, BURLEY, ID 83318

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): _____

LAURENCE V. HICKS, D.O.
401 18TH ST.
RUPERT, ID. 83318

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

IDAHO SECRETARY OF STATE
Secretary of State use only

07/05/2000 09:00
CK: 6507 CT: 133100 BH: 331399

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97
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