

09/25/2006 08:47 FAX 334 2080

Idaho Secretary of State

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

2006 SEP 22 AM 9:40

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

SECRETARY OF STATE
STATE OF IDAHO

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:

Family Medical Center

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

Rexburg Family Medical Center, PLLC

1 Professional Plaza

(W4319)

Rexburg, Idaho 83440

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 | |

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

Family Medical Center

1 Professional Plaza

Rexburg, Idaho 83440

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

Phone number (optional):

208-356-8231

Signature: _____

(signature required)

Printed Name: _____

Michael M. Packer

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

D104029

IDAHO SECRETARY OF STATE
09/26/2006 05:00
CK: 2538 CT: 116603 BH: 977098
1 @ 25.00 = 25.00 ASSUM NAME # 2