



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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 of business is:

Boise Vein Center

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	Complete Address
<u>Advanced Dermatology, Inc., PS</u>	<u>2025 116th Ave NE</u>
<u>(DBA in Idaho as Advanced</u>	<u>Bellevue, WA 98004</u>
<u>Dermatology, P.C.)</u>	

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): _____

Diana S. Preston, MD
9382 West Overland Rd.
Boise, ID 83709

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

Signature: Diana S. Preston MD

Printed Name: Diana S. Preston, M.D.

Capacity: President

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

05/25/2000 09:00
CK: 1094 CT: 131550 BH: 320971

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 12/99

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