



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAR -7 AM 9:11

**SECRETARY OF STATE
STATE OF IDAHO**

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

Blair Family Medicine

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Family Medicine Hub, PLLC 2265 E. Sunnyside Road, Idaho Falls, ID 83404

(Name) (W196829) (Address)

Vickie Blair 180 Fieldstream Lane, Idaho Falls, ID 83404

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Derek Van Orden

(Name)

2265 E Sunnyside Road

(Address)

Idaho Falls, ID 83404

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Derek Van Orden

Signature: Derek Van Orden

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/07/2018 05:00

CK:901 CT:354077 BH:1630910

1@ 25.00 = 25.00 ASSUM NAME #2

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