

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO 97 OCT 20 AM 10: 53
 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:

Nail Clinic of Idaho

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>Boise Podiatry Clinic, P.A.</u>	<u>1412 W. Bannock</u>
<u></u>	<u>Boise ID</u>
<u></u>	<u>83702</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): _____

1412 W. Bannock
Boise ID
83702

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

Same

Signature: GARY J. MILLWARD

Printed Name: GARY J. MILLWARD

Capacity: PARTNER/PODIATRIST

(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

10/20/1997 09:00
 CK: 17188 CT: 88677 BH: 48122

1 @ 20.00 = 20.00 ASSUM NAME

D 9018