



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:

Idaho Arthritis & Osteoporosis 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>Daryl K. MacCarty MD</u>	<u>Idaho Arthritis & Osteoporosis Center</u>
	<u>520 So. Eagle Rd # 3213</u>
	<u>Meridian, ID 83642</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): 208-893-5270

Daryl K. MacCarty MD
520. So. Eagle Rd # 3213
Meridian ID 83642

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

Signature: D. MacCarty MD

Printed Name: Daryl MacCarty MD.

Capacity: _____

(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

03/23/2000 09:00
CK: 3231 CT: 128663 IN: 301923

1 @ 20.00 = 20.00 ASSUM NAME # 2

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