



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

FILED

60 JAN 14 AM 8:59

STATE OF IDAHO

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

Sandpoint Family Medicine/Urgent Care

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

Sandpoint Family Medicine, PA 302 South First Ave, Sandpoint
C55196 Idaho 83864

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): _____

302 South First Ave

Sandpoint, ID 83864

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

Signature: Robert Rust

Printed Name: Dr. Robert Rust

Capacity: PRES.

(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

01/14/2000 09:00
CK: 5532 CT: 100096 BH: 201582

1 @ 20.00 = 20.00 ASSUM NAME # 2

D32155

Revision 12/99

g:\corp\forms\abn.pdf