

**CERTIFICATE OF ASSUMED BUSINESS NAME**

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/EFFECTIVE**

00 APR 14 AM 8:55

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

INFERTILITY AND ENDOMETRIOSIS INSTITUTE OF IDAHO

SECRETARY OF STATE  
STATE 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

Address

DAVID R. HADLOCK, D.O.

325 MARTIN STREET

TWIN FALLS, ID 83301

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

MEDICAL

See catagories on the reverse

4. The name and address to which correspondence should be addressed:

DR. DAVID R. HADLOCK

325 MARTIN STREET, TWIN FALLS, ID 83301

Signed

By

DR. DAVID R. HADLOCK

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

**Customer #**

Secretary of State use only

IDAHO SECRETARY OF STATE

04/14/2000 09:00  
CX: 2217 CT: 129782 BH: 309058

1 @ 20.00 = 20.00 ASSUM NAME # 4

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