Capacity:___

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of reverse,)

Pursuant to Section 53-504, I gives notice of adoption of an 1. The assumed business name which the business is:	TATE OF IDAHO Idaho Code, the undersigned Assumed Business Name undersigned use(s) in the transaction of
Teton Radiology 2. The true name(s) and business address(states) business under the assumed business name Name Teton Radiology Surgical LLC W23/27	- 、 。
3. The general type of business transacted under the assumed business name is: Retail Trade	
Dennis Earl 2440 East 25th Street Circle Idaho Falls, ID 83404 5. Name and address for this acknowledgmer COPY is (if other than #4 above): Greg Calder 2105 Coronado Street	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
Idaho Falls, ID 83404 Signature:	Secretary of State use only Secretary of State use only
Printed Name: 1 ENTIS E CU!	\$ IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

94/18/2093 05:00

CK: 9865 CT: 1681 BH: 675520

1 8 25.80 = 25.80 ASSUM NAME # 2