

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:

Canyon Dermatology

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>Treasure Valley Dermatology</u>	<u>712 16th Avenue South</u>
<u>Dr. Kirk T. Ecklund</u>	<u>Nampa ID 83651</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): _____

Canyon Dermatology
Dr. Kirk T. Ecklund
712 16th Avenue South
Nampa ID 83651

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

Treasure Valley Dermatology
Attn: Matt Groenig
1021 S.W. 5th Ave
Ontario OR 97914

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

IDHO SECRETARY OF STATE

07/29/1997 09:00
CK: 1579 CT: 81065 BH: 25174

1 @ 20.00 = 20.00 ASSUM NAME

Signature: Matthew L. Groenig

Printed Name: Matthew L. Groenig

Capacity: Administrator

(see instruction # 8 on back of form)

Revision 2/97
IDHO SECRETARY OF STATE

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