



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED

2005 NOV -7 PM 1:51

TODAY'S DATE
STATE OF IDAHO

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

Prairie Medical Associates

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Brian and Maren Snyders

1130 W. Prairie Ave. Coeur d'Alene, ID 83815

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Brian and Maren Snyders

1130 W. Prairie Ave.

Coeur d'Alene, ID 83815

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

same as above

Phone number (optional):

208-772-5218

Secretary of State use only

Signature

Brian and Maren Snyders
(signature required)

Printed Name:

Brian and Maren Snyders

Capacity/Title:

owners

(see instruction # 8 on back of form)

g:\corp\forms\abn forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
11/08/2005 05:00
CK: 2946 CT: 158810 BH: 921000
1 @ 25.00 = 25.00 ASSUM NAME # 2

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