

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
 FEB 24 AM 10:08
 SECRETARY OF STATE
 STATE OF IDAHO

 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.

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

Advanced Skin Care

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

Family Practice Group, PA.
PO 88641
1951 Bench Rd., Ste B
Pocatello ID
83201

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:

InterMountain Medical Clinic
1951 Bench Rd., Ste B
Pocatello, ID 83201

 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):

Phone number (optional):

208.238.1000

Signature:

Printed Name:

Clifford Field, MD

Capacity/Title:

President

(see instruction # 8 on back of form)

Secretary of State use only

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 REVISED 04/2003

 IDAHO SECRETARY OF STATE
 02/24/2006 05:00
 CK: 735604 CT: 172099 BH: 939586
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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