

FILED/EFFECTIVE

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.

01 DEC 14 AM 9:21
SECRETARY OF STATE
STATE OF IDAHO

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

Karen Walker's Family Practice

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

<u>Name</u>	<u>Address</u>
<u>Karen D. Walker</u>	<u>HCR 61 BOX 90-C, Bonners Ferry ID. 83805</u>
_____	_____
_____	_____

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

Medical office
See categories on the reverse

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

Karen Walker Rt 1 Box 490-W, Bonners Ferry ID 83805

Signed Karen D Walker
By _____
Capacity owner

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
12/14/2001 05:00
CK: 1002 CT: 154633 BH: 434667
1 @ 20.00 = 20.00 ASSUM NAME # 2
D 50490

Revision 10/96
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