

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



99 JAN 14 1999
SECRETARY OF STATE
STATE OF IDAHO

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:

Family Health Care of Post Falls

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>Richard R. Samuel, MD</u>	<u>1110 Polston, Ste 1</u>
	<u>POST Falls, ID</u>
	<u>83854</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): (208) 773-1311

Richard R Samuel, MD
1110 Polston, Ste 1
Post Falls, ID 83854

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

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

Signature:

Donna Samuel

Printed Name:

Donna Samuel

Capacity:

ACCTS PAYABLE CLERK

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
Secretary of State Use Only

01/04/1999 09:00
CX: 1502 CT: 100967 BH: 175012

1 # PR.00 = PR.00 ASSUM NAME # 2

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Revision 2/97

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