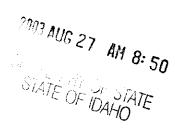
CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Southeastern Surgical Service	
The true name(s) and business address(es) business under the assumed business name	
Name	Complete Address
Atsuko Okabe, M.D., P.A.	2435 Chaparro
<u>(C-149140)</u>	Blackfoot, Idaho 83221
The general type of business transacted und	
Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Atsuko Okabe, M.D., P.A. 2435 Chaparro Blackfoot, Idaho 83221 5. Name and address for this acknowledgment	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 Phone number (optional):
COPY İS (if other than # 4 above):	
	Secretary of State use only
nature: Olumbu (signature required)	Security of St. Security o
ted Name: Atsuko Okabe, M.D. acity/Title: President	IDAHO SECRETARY OF ST Ø8/27/2003 05 CK: 1884 CT: 158810 BH;