



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 SEP 14 AM 9:39

SECRETARY OF STATE  
STATE OF IDAHO

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

EASTERN IDAHO PHYSICIAN SERVICES

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

ORANGE LLC      403 1ST ST      IDAHO FALLS ID 83401  
(Name) (Address) (City) (State) (Zipcode)

W156044

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

☐ Retail Trade      ☐ Construction      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Agriculture      ☐ Mining  
☒ Services      ☐ Manufacturing      ☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

EASTERN IDAHO PHYSICIAN SERVICES

(Name)

403 1ST ST

(Address)

IDAHO FALLS      ID      83401

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: JACOB BRYAN

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/14/2015 05:00

CK:40195 CT:263358 BH:1492015  
1@ 25.00 = 25.00 ASSUM NAME #2

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