



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.

FILED EFFECTIVE
2004 FEB 18 AM 8:40
STATE OF IDAHO

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

Imaging Specialists (Formerly Medical X-Ray)

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

<u>Name</u>	<u>Complete Address</u>
<u>William Stilson</u>	<u>4473 N. 25 E. Idaho Falls, ID</u>
_____	<u>83401</u>
_____	_____

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 | |

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

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

William Stilson
4473 N. 25 E.
Idaho Falls, ID 83401

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

Phone number (optional):

208-529-1676

Secretary of State use only

078223

IDAHO SECRETARY OF STATE
02/18/2004 05:00
CK: 6278 CT: 150010 BH: 728006
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: [Handwritten Signature]

Printed Name: William Stilson

Capacity: Owner

(see instruction # 8 on back of form)