227

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2007 JAN -2 PM 12:50

SECRETARY OF STATE
STATE OF IDAHO

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.

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

   Ambulatory Foot and Ankle Clinic

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

Name	Complete Address
Pocatello Podiatry Associates, P.A. (C59869) 1555 E Clark Pocatello, Id 83201	1555 E Clark Pocatello, Id 83201

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

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

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:

   Pocatello Podiatry
   1555 E Clark
   Pocatello, Id 83201

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

Phone number (optional): 208 233-4355

Signature: [signature] (signature required)

Printed Name: Kent W Howard

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Secretary of State use only

IDAHO SECRETARY OF STATE
01/02/2007 05:00
CK: 13178 CT: 208012 BH: 1022833
1 @ 25.00 = 25.00 ASSUM NAME # 2

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