



# 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.

Send **FILED EFFECTIVE**  
2006 DEC 12 PM 2:18

SECRETARY OF STATE  
STATE OF IDAHO

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

OB-GYN Center of Excellence

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

Name

OB-GYN Center P.A.  
CH 1167

Complete Address

100 E. Idaho St., Ste 302  
Boise, ID 83712

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	

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

OB-GYN Center P.A.  
100 E. Idaho St. Ste 302  
Boise, ID 83712

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

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):

343-7431 ext 110

Secretary of State use only

Signature: Mike Schneider

(signature required)

Printed Name: Mike Schneider

Capacity/Title: Administrator

(see instruction # 8 on back of form)

Information form 106  
Revised 04/2003

12/12/2006 05:00  
CK: 22482 CT: 160292 BH: 1019102  
1 # 25.00 = 25.00 ASSUM NAME D 2

D106275