

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name
STATE OF IDAHO

MAR 31 PM 2:12

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

PROFESSIONAL PHARMACY

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

<u>Name</u>	<u>Complete Address</u>
Twin Falls Clinic and Hospital, Inc.	660 Shoshone East
	Twin Falls, Idaho 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 753-7901

Professional Pharmacy
 660 Shoshone East
 Twin Falls, Idaho 83301

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

Hepworth, Lezaniz & Hohnhorst
 P. O. Box 589
 Twin Falls, Idaho 83303-0389

Signature: [Handwritten Signature]

Printed Name: Robert S. Lobb, M.D.

Capacity: President

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Secretary of State use only
 IDAHO SECRETARY OF STATE

03/31/1998 09:00
 CR: 26598 CT: 2058 MW: 96315

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/97
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