

D1154

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

SECRETARY OF STATE
J 21 AM '97

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

TREASURE VALLEY ANESTHESIA

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>Address</u>
CARLENE M. CANFIELD	P.O. Box 95, Meridian, ID 83680
_____	_____
_____	_____

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

Anesthetic Services

See categories on the reverse

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

Carlene M. Canfield

P.O. Box 95, Meridian, ID 83680

Signed Carlene M. Canfield
By owner

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

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IDAHO SECRETARY OF STATE
DATE 02/13/1997
0900 63852 2
CX #: 4989 CUST# 22023
ASSUM NAME 1@ 20.00= 20.00

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