



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2017 OCT -3 PM 2:01

SECRETARY OF STATE
STATE OF IDAHO

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

Women's Health Care

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name. (do not include the name you listed in #1):

Selkirk Family Medicine + Women's Health PLLC 1215 Michigan St. Ste C
(Name) (Address) Sandpoint ID 83864
WV 69597

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

Retail Trade

Construction

Transportation and Public Utilities

Wholesale Trade

Agriculture

Mining

Services

Manufacturing

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Women's Health Care
(Name)
1215 Michigan St, Ste C
(Address)
Sandpoint, ID 83864
(City) (State) (Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name:

Cynthia Dalsing

Signature:

Cynthia Dalsing

Printed Name:

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/03/2017 05:00

CK:14829320 CT:172099 BH:1605693

1@ 25.00 = 25.00 ASSUM NAME #2

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