

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 MAR 14 AM 8:42

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the un business is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Dr. Maria Maricica	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Dr. Maria M	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Dr. Maria Maria Maria Capacity/Title: Du) New Signature: Printed Name: Dr. Maria Maria Maria Maria Capacity/Title: Du) New Signature: Printed Name:	Secretary of State use only IDAHO SECRETARY OF STATE 03/14/2011 05:00 CK: 2069 CT: 158818 BH: 1264804 1 8 25.89 = 25.88 ASSUM NAME # 2
Capacity/Title:	D145964

abn.pmd Rev. 07/2010