



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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.

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

Medical Center of Kuna

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

Name	Complete Address
<u>Michael D. Holden, M.D.</u>	<u>333 Ave "C", Suite #2</u>
	<u>Kuna, Idaho 83634</u>

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

<input 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): _____

Medical Center of Kuna
333 Ave C, Suite #2
Kuna, Id 83634

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

Michael D. Holden
6475 S. Lodgepole Pl.
Boise, Id 83716

Signature: Michael D. Holden

Printed Name: Michael D. Holden

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

04/09/1999 09:00
CX: CASH CT: 113877 IN: 205889

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 1/88

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