



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

ASC of Boise

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

Name

Ambulatory Surgery Center of Boise, LLC

1226950

Complete Address

115 W. Main Street, Suite 102

Boise, ID 83702

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

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

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

Clinton Mallari, MD

115 W. Main St., Suite 102

Boise, ID 83702

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

Phone number (optional):

Secretary of State use only

072867

IDAHO SECRETARY OF STATE
02/06/2004 05:00
CK: NO CK # CT: 176332 BH: 725942
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature Clinton Mallari MD

(signature required)

Printed Name: Clinton Mallari, MD

Capacity/Title: Member

(see instruction # 8 on back of form)