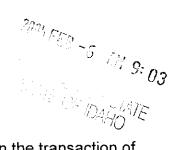


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



business is: ASC of Boise	
. The true name(s) and business address(es) of the business under the assumed business name: Name Ambulatory Surgery Center of Boise, LLC	e entity or individual(s) doing Complete Address 115 W. Main Street, Suite 102 Boise, ID 83702
The general type of business transacted under the	
Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ 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	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
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): Secretary of State use only
nature X Chuton Mallau YW (signature required) Clinton Mallari, MD pacity/Title: Member	