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CERTIFICATE OF ASSUMED BUSINESS NAME

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

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:

J. Baker, Erickson & Nelson, M.D.S., P.A.

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

J. Baker & Erickson, M.D.'s., P.A.

3200 Channing Way, Suite A-205

Idaho Falls, Idaho 83404

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 529-0193

Travis L. Bowen, P.C.

1906 Jennie Lee Drive

Idaho Falls, Idaho 83404

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

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

09/08/1997 09:00
CK: 12710 CT: 58095 BH: 36288

1 @ 20.00 = 20.00 ASSUM NAME

Signature: Jeffrey B. Baker

Printed Name: Jeffrey B. Baker

Capacity: President

(See instruction # 8 on back of form)

3:00pm/10/13/1997

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