



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2017 NOV -6 AM 10:20

SECRETARY OF STATE  
STATE OF IDAHO

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

WHM HEALTHCARE CONSULTANCY

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

WALTER HENRY MURPHY, MD, MBA, FRCP 10750 N. HAYDEN DR HAYDEN ID 83835  
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

**WHM HEALTHCARE CONSULTANCY**

(Name)

10750 N. HAYDEN DR

(Address)

HAYDEN ID 83835

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: WALTER HENRY MURPHY, MD

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/2017 05:00

CK:6535 CT:348058 BH:1610821  
10 25.00 = 25.00 ASSUM NAME #2

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