



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.

FILED DEFECTIVE
MAY 22 AM 10:18
SECRETARY OF STATE
STATE OF IDAHO

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

Idaho Falls Plastic Surgery

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

<u>Name</u>	<u>Complete Address</u>
<u>TIM THURMAN, M.D., P.C.</u>	<u>2860 Channing Way, suite 213, Idaho Falls, ID 83404</u>
<u>C124296</u>	<u></u>
<u></u>	<u></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): _____

Tim Thurman, M.D.

2860 Channing Way, Suite 213

Idaho Falls, ID 83404

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
IDAHO SECRETARY OF STATE

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

Jarin Hammer

2105 Coronado

Idaho Falls, ID 83404-7495

Signature: *Tim Thurman*

Printed Name: Tim Thurman

Capacity: President

(see instruction # 8 on back of form)

05/22/2000 09:00

CK: 5581 CT: 1681 BH: 319993

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 12/99

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