



# 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.

## FILED EFFECTIVE

04 SEP 28 PM 3:01

SECRETARY OF STATE  
STATE OF IDAHO

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

BARIATRIC SURGERY CENTER OF IDAHO

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

Name

W. CHRISTIAN OAKLEY, M.D.

Complete Address

333 NORTH 1ST, BOISE, ID 83702

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

6028 W. HOLLILYNN DRIVE

BOISE, ID 83709

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

C/O JOSEPH H. UBERUAGA, II

300 N. 6TH STREET, SECOND FLOOR

BOISE, IDAHO 83702

Signature:

(signature required)

Printed Name:

W. CHRISTIAN OAKLEY, M.D.

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

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):

(208) 344-8535

Secretary of State use only

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09/28/2004 05:00  
CK: 92456 CT: 20168 BH: 768404  
1 @ 25.00 = 25.00 ASSUM NAME # 2