

08 MAY 15 AM 8:57
SECRETARY OF STATE
STATE OF IDAHO**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.

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

Family Medicine Health Center

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

Name

Complete Address

Family Medicine Residency of Idaho, Inc.

777 N Raymond St, Boise, ID 83704

C 120081

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Family Medicine Residency of Idaho, Inc.

777 N Raymond St

Boise, ID 83704

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Travis P. Leach

(signature required)

Printed Name: Travis P. LeachCapacity/Title: Chief Operating Officer

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
05/15/2008 05:00
CK: 82445 CT: 199485 BH: 1115228
1 25.00 = 25.00 ASSUM NAME # 2

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