CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO 98 1.07 12 4.110: 54 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STABLE : A JUNIO 1. The assumed business name which the undersigned use(s) in the transaction of Larry Weiner MD 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 <u>Address</u> Larry Weiner MD PO Box 3845 Hailey, ID 83333 (202 Indian Creek Road) 3. The general type of business transacted under the assumed business name is: physician/psychiatrist See categories on the reverse 4. The name and address to which correspondence should be addressed: Larry Weiner MD PO Box 3845 Hailey, ID 83333 Signed Ву Capacity DWARC Submit Certificate of Assumed... Customer# Business Name and \$20.00 fee to: Separenseure embyure state Secretary of State 700 West Jefferson 11/12/1998 09:00 CK: 2026 CT: 106662 BH: 160794 PO Box 83720 1 B 28 AR = 20.08 ASSUM NAME # 2 Boise ID 83720-0080