

227



~~FILED/EFFECTIVE~~

(Please type or print legibly. See instructions on reverse.)

in reverse.) AM 11:19

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.

- TVP Associates

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
Larry D. Bishop, MD
John H. Ullery, MD
Ralph W. Higer, MD
Linda Schaffer, MD
John W. Hanks, DO

Complete Address
305 E. Jefferson #101 Boise, ID 83712

- 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): _____

TVP Associates

305 E. Jefferson #101

Boise, ID 83712

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

**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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/10/2001 09:00
CK: 1099 CT: 140627 BH: 371879

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature:

Printed Name:

Capacity:

General Partner

(see instruction # 8 on back of form)

Revision: 12/00

[illegible]

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