



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
2006 AUG 14 AM 9:24

SECRETARY OF STATE
STATE OF IDAHO

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

IDAHO VEIN 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

Pocatello Radiology Associates PA

115 S 15th Ave, #A, Pocatello, ID 83201

(C 56060)

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 | |

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

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

Idaho Vein Center

444 S Hospital Way, #777

Pocatello, ID 83201

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

Idaho Vein Center, Attn Scott Dean

115 S 15th Ave, #A

Pocatello, ID 83201

Phone number (optional):

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____ Scott Dean

Capacity/Title: _____ Managing Director

(see instruction # 8 on back of form)

g:\corpform\idm form\idm1.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
08/14/2006 05:00
CK: 4581 CT: 203398 BH: 969991
1 @ 25.00 = 25.00 ASSUM NAME # 2

D102727