



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

10 MAR -3 AM 8:17

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Aesthetics Northwest

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

Name	(W19981)	Complete Address
<u>Vein Clinics Northwest</u>	<u>PLLE</u>	<u>850 W Ironwood Drive</u>
<u>Douglas R Stafford, MD</u>		<u>Suite 201</u>
		<u>Coeur d'Alene, ID</u>
		<u>83814</u>

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:

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

(208) 334-2301

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

W.
850 Ironwood Drive
Suite 201
Coeur d'Alene, ID 83814

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

Signature: _____
(signature required)

Printed Name: Douglas R Stafford, MD

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\forms\labn form\labn.p65
Revised 10/2/03

IDAHO SECRETARY OF STATE
03/03/2010 05:00
CK: 103711 CT: 245463 BH: 1210602
1 @ 25.00 = 25.00 ASSUM NAME # 2

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