25.00 ASSUN NAME # 3



CERTIFICATE OF ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

27	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse before	S NAME , the undersigned I Business Name.
The assumed business name which the up business is: Pocatello Rad	
2. The true name(s) and business address(e business under the assumed business name Name Radiology Physicians of Idaho, PC (CS6060)	es) of the entity or individual(s) doing me: Complete Address 444 Hospital Way, Suite 701, Pocatello, ID 83201
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Radiology Physicians of Idaho, PC Attn: Dr. George Stephens 444 Hospital Way Ste 701 Pocatello, ID 83201	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): Dave R. Gallafent P.O. Box 991 	ent Secretary of State use only
Printed Name:	IDAHO SECRETARY OF STATE ### ### ### ### ### ### #### ### ###