(see instruction # 8 on back of form)



## 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.

1. The assumed business name which the understand	E 8
The assumed business name which the undersign business is:	ned use(s) in the transaction of
- Grology Health	Chimago, ====================================
2. The true name(s)	10
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
business under the assumed business name:  Name	y an artificial and a doing
Dr. William Jones, ma Coll	Complete Address
Thomas Welder M. D.	
andy Janou MD 1000	N CURTOS-305 Residence
3. The general type of business transported water to	10 Curio 5-305 Borse-04
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pu	iblic Hilition
Construction	one odinijes
X Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business
4. The name and address to which future	Name and \$25.00 fee to:
correspondence should be addressed:	Secretary of State
/ n > O T	700 West Jefferson
Lavry H. Jansey M.D.	Basement West PO Box 83720
1000 N. Curtis 15-305	Boise ID 83720-0080
Bruse, 20 83706	208 334-2301
5. Name and address for this acknowledgment	
copy is (If other than # 4 sbove);	Phone number (optional):
Danna	208-327-1717
- Danie,	
	Secretary of State use only
	or State use only
Signature: Gunty Gunty	D82572
Printed Name: Larry A. Tangey	INDUO CECRETARY OF STATE
Printed Name: Larry A. Tansey  Capacity/Title: M.D.	IDAHO SECRETARY OF STATE 12/13/2004 05:00 CK: 7850 CT: 158010 BH: 781028
(see instruction # 8 on back of form)	1 @ 25.00 = 25.00 ASSUM NAME # 2