



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

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.

JUN 20 11 34 AM '00
SECRETARY OF STATE
STATE OF IDAHO

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

Occupational Medicine and Rehabilitation

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

<u>Name</u>	<u>Complete Address</u>
<u>Michael S. Weiss MD, MPH</u>	<u>P o Box 16157, Boise, ID</u> <u>83715-6157</u>
_____	_____
_____	_____

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): 208-381-6571

Michael Weiss MD, MPH
Po Box 16157
Boise ID 83715-6157

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

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

Signature: Michael S Weiss

Printed Name: Michael S Weiss

Capacity: sole proprietor

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

06/21/2000 09:00
CK: CASH CT: 132647 BH: 327973

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99

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