



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.

Instructions are included on back of application.

FILED EFFECTIVE

2013 OCT 25 AM 9: 02

SECRETARY OF STATE
STATE OF IDAHO

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

Fall River Medical Family Practice and Urgent Care

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

Fall River Medical, P.L.L.C.

21 Winn Drive, Rexburg, Idaho 83440

Will 3011

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Fall River Medical, P.L.L.C.

21 Winn Drive

Rexburg, Idaho 83440

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

Billy G. DuPree, Jr.

P.O. Box 723

Rexburg, Idaho 83440

Signature:

Printed Name: Austin C. Gillette

Capacity/Title: Manager

Signature:

Printed Name: Martin A. Mangan

Capacity/Title: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE
10/25/2013 05:00
CK: 2485 CT: 22233 BH: 1395422
1 @ 25.00 = 25.00 ASSUM NAME # 2

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