



CERTIFICATE OF ASSUMED BUSINESS NAME

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

SEP 26 AM 10:24

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Kerrick & Associates, an Idaho general partnership

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

J. Joseph Daglen, M.D.

16080 Horizon, Caldwell, Idaho 83607

Samuel M. Summers, M.D.

609 W. Easy Street, Caldwell, Idaho 83605

Theodore W. Baird, M.D.

2317 Terrace Drive, Caldwell, Idaho 83605

See attached

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" 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:

J. Joseph Daglen, M.D.

16080 Horizon

Caldwell, Idaho 83607

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

Signature: J. Joseph Daglen

Printed Name: J. Joseph Daglen, M.D.

Capacity/Title: General Partner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

D173980

IDAHO SECRETARY OF STATE

09/26/2014 05:00

CK:24828 CT:1626 BH:1442918

1@ 25.00 = 25.00 ASSUM NAME #2