

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



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.

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

MERCY AMBUCARE

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>MERCY OUTPATIENT SURGICAL</u>	<u>211 WEST IOWA AVENUE</u>
<u>CENTER</u>	<u>NAMPA, IDAHO</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): 208 463 5589

ALAN EROLA  
MERCY MEDICAL CENTER  
1512 12TH AVE ROAD  
NAMPA, IDAHO 83686

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

ALAN EROLA  
MERCY MEDICAL CENTER  
1512 12TH AVE ROAD  
NAMPA, IDAHO 83686

Signature: Alan Erola

Printed Name: ALAN EROLA

Capacity: TREASURER, M.O.S.C.

(see instruction # 8 on back of form)

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

Secretary of State-use only  
IDAHO SECRETARY OF STATE

11/25/1997 09:00  
CK: 1002 CT: 90307 BH: 58362

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/87

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SECRETARY OF STATE  
STATE OF IDAHO