

FILED EFFECTIVE



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.

2012 MAR 26 AM 9:54

SECRETARY OF STATE
STATE OF IDAHO

COPY
RETURN WITH: DO NOT
(Days, Weeks, Months) OR ON:

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

FOOT AND ANKLE MEDICAL CENTER

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

P. ROMAN BURK DPM PC
(C185610)

1818 10th Avenue Suite 250 Caldwell
OR ID, 83605

6109 Tanaga Ln, Meridian, ID 83642

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 | |

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

1818 10th Avenue Suite 250
Caldwell, ID 83605

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

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

Secretary of State use only

Signature: P. Roman Burk

Printed Name: P. ROMAN BURK

Capacity/Title: OWNER/PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
03/27/2012 05:00
CK: 1139 CT: 268567 BH: 1316950
1 @ 25.00 = 25.00 ASSUM NAME # 2

D154309