



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2007 JUL 10 PM 3:33

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Idaho Cardiology

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

Idaho Cardiology Associates, P.A.

6140 W. Curtisian Avenue, Suite 300

C104398

Boise, Idaho 83704

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

James Lineberger, Executive Director

6140 W. Curtisian Ave, Suite 300

Boise, Idaho 83704

Submit Certificate of Assumed Business Name and \$25.00 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):

Phone number (optional):

208.685.2109

Secretary of State use only

Signature: \_\_\_\_\_

*Charles E. Eiriksson Jr.*  
(signature required)

Printed Name: Charles E. Eiriksson, Jr., MD, FACC

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
07/10/2007 05:00  
CK: 11455 CT: 20168 BH: 1064894  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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