

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUL 15 PM 1:28

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

T.I.M.E.	
The true name(s) and <u>business</u> address(es business under the assumed business name	
<u>Name</u>	Complete Address
FIRST MEDICAL ADVISORY GROUP, INC.	5333 NORTH 7TH STREET STE A-201 PHOENIX, AZ 85014
The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture	and Public Utilities
☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: DENNIS V. LLOYD	Secretary of State 450 North 4th Street PO Box 83720
100 W. TOWNE RIDGE PARKWAY SANDY, UT 84070	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmer copy is (if other than # 4 above):	nt
Karina Pulskamp 1701 Directors Blvd. Ste 300	
Austin TA 78748	Secretary of State use only
eature: WM + UN	
ted Name: Cortlane S Firth	
acity/Title: Treasurer	
nature:	TRAILD OF OPERADY OF OTA
ited Name:	IDAHO SECRETARY OF STA
pacity/Title:	CK: NONE CT: 221028 BH: 1

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