



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2006 SEP 12 AM 8:25

SECRETARY OF STATE
STATE OF IDAHO

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

Aspen Allergy ENT

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Kathryn L. McMullan, MD

Complete Address

Eagle Healthcare Plaza

323 East Riverside Drive Suite 234

Eagle, Idaho 83616

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:

Kathryn L. McMullan, MD

3057 South Whitepost Way

Eagle, Idaho 83616

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):

208-938-5080

Secretary of State use only

Signature: Kathryn L. McMullan

(signature required)

Printed Name: Kathryn L. McMullan

Capacity/Title: owner MD

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
09/12/2006 05:00
CK: 1463 CT: 158010 BH: 974739
1 @ 25.00 = 25.00 ASSUM NAME # 2