



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.

00 JUL 17 4 11 PM
SECRETARY OF STATE
STATE OF IDAHO

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

Southwest Idaho Cardiology

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

Name	Complete Address
<u>Medical Center Physicians</u>	<u>215 E. Hawaii Ave.</u>
<u>(c44629)</u>	<u>Nampa, ID 83686</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) 463-3000

Medical Center Physicians
215 E. Hawaii Ave.
Nampa, ID 83686

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

Same as #4

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

07/17/2000 09:00
CK: 93928 CI: 98654 IN: 333923

1 @ 20.00 = 20.00 ASSUM NAME # 4

Revision 12/99

g:\corp\form\stbn.p65

X Signature: [Signature]

Printed Name: William E. Savage

Capacity: CEO

(see instruction # 8 on back of form)

D 37482