

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

2013 AUG 29 AM 8: 58

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

SECRETATE OF DAHO

1.	The assumed business name which the uno business is:	dersign	ned use(s) in the transaction of	
	Dr.s Welch, Allan	and	Associates	
2.	The true name(s) and <u>business</u> address(es) business under the assumed business nam <u>Name</u>		e entity or individual(s) doing <u>Complete Address</u>	
	Welch & Allan, MD, PA C 62785	526	H Shoup Ave W. Twin Falls, 1 83301	ΣD
	The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate			
	The name and address to which future correspondence should be addressed: Welch & Allan, MD PA 526 H Shoup Ave W. Twin Falls, ID 83301		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	it	Secretary of State use only	
Siana	iture:		Secretary of State use only	
•	ed Name: Robert C. Welch, MD			
Capa Signa	city/Title: Ature:		IDAHO SECRETARY OF STATE 08/29/2013 05:00 CK: 28473 CT: 286968 DH: 1388819	
	city/Title: Secretary		1 @ 25.00 = 25.00 ASSUM NAME # 2	

1)165452