

FILED
CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

North Idaho Allergy, Asthma and Immunology Center

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	Address
<u>John Strimas, MD</u>	<u>1200 Ironwood Dr, Coeur d'Alene</u>
_____	_____
_____	_____

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

Service

See categories on the reverse

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

John Strimas, MD
1200 Ironwood Dr, Coeur d'Alene ID
83814

Signed _____

By _____

Capacity _____

Customer # _____

IDAHO SECRETARY OF STATE

09/28/1995 use only
CK: 12783 CT: 41440 BH: 251124

1 @ 20.00 = 20.00 ASSUM NAME # 2

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Revision 10/86

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