

227



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
JUN 20 AM 9:07
SECRETARY OF STATE
STATE OF IDAHO

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

Knee Clinic of Idaho

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

Name	Complete Address
<u>Kyle Palmer, MD</u>	<u>520 So Eagle Rd; Ste 1205</u>
	<u>Meridian, ID 83642</u>

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:

DR Kyle Palmer
520 So Eagle Rd Ste 1205
Meridian, ID 83642

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

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

Phone number (optional):

884-8300

Signature: K Palmer MD

Printed Name: Kyle Palmer MD

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

055957

IDAHO SECRETARY OF STATE
06/20/2002 05:00
CK: 5549 CT: 161328 BH: 472891
1 @ 20.00 = 20.00 ASSUM NAME # 2

5-comp/cont/rev/for/ma/wh/265
Revised 01/2001