

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:

River Valley Health Clinic

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

Karen D. Walker, FNP, NP-C

HCR 61 Box 90-C
Bonners Ferry, ID 83805

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

medical

See categories on the reverse

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

above

Note: previously
applied as Karen
Walker's Family
Practice

Signed

Karen D Walker

By

Karen D. Walker

Capacity

owner

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

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

Customer #

Secretary of State use only

D 53014

IDAHO SECRETARY OF STATE
03/18/2002 05:00
CK: 1063 CT: 150010 BH: 452050
1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 10/96

g:\corp\forms\slabn pms