| 227         CERTIFICATE OF<br>ASSUMED BUSINESS NAME<br>Pursuant to Section 53-504. Idaho Code. the undersign<br>submits for filing a certificate of Assumed Business Nam<br>Please type or print legibly.<br>NOTE: See instructions on reverse before filing.         1. The assumed business name which the undersigned<br>business is:<br>H.D.P.E. Health Centers         2. The true name(s) and business address(es) of the en<br>business under the assumed business name:<br>Name<br>Cynthia Clinkingbeard, M.D., PLLC         3. The general type of business transacted under the ar<br>Retail Trade         1. Retail Trade         1. The general type of business transacted under the ar<br>Manufacturing         Manufacturing         Manufacturing         Manufacturing | ne.<br>use(s) in the transaction of<br>ntity or individual(s) doing<br>Complete Address<br>N. State St. Stee A<br>C. ID E3616<br>ssumed business name is:      |
|---|--|
| <ul> <li>4. The name and address to which future correspondence should be addressed:</li> <li>Cynthia Clinkingbeard, M.D.</li> <li>333 W. State St. Stern A</li> <li>Eagle, ID 83616</li> <li>5. Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ul>   | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301<br>Phone number (optional):<br>(208) 939-7221 |
| Cynthia Clinkingbeard, M.D.         333         W.Stutest.St.A         Eagle, tD         Signature:         withia Clinkingbeard, M.D.         Signature:         (signature required)         Printed Name:         Capacity/Title:         Manager, Owney         (see instruction # 8 on back of form)   | Secretary of State use only<br>DSTQQD<br>IDAHO SECRETARY OF STATE<br>11/05/2004 05:00<br>CK: 1017 CT: 158010 BH: 775063<br>1 P 25.00 = 25.00 ASSUM WANE # 1    |