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.

2004 NOV -5 AM 9:54
SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is:
   H.O.P.E. Health Centers

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
Cynthia Clinkingbeard, M.D., PLLC	333 W. State St. Ste: A
	Eagle, ID 83616
CW 18190	

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

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

   Cynthia Clinkingbeard, M.D.
   333 W. State St. Ste: A
   Eagle, ID 83616

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

   Cynthia Clinkingbeard, M.D.
   333 W. State St. Ste: A
   Eagle, ID 83616

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional): (208) 939-7221

Signature: Cynthia Clinkingbeard MD
(signature required)

Printed Name: Cynthia Clinkingbeard, M.D.

Capacity/Title: Manager, Owner

(see instruction # 8 on back of form)

Secretary of State use only

P81662

IDAHO SECRETARY OF STATE
11/05/2004 05:00
CK: 1017 CT: 158010 BH: 775063
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/28/03