



CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAY -5 PM 12:39

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Urgent Care

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

Name

Urgent Care Associates, PLLC

Complete Address

740 S. Woodruff, Idaho Falls, ID 83401

(W71578)

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		

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Urgent Care

740 S. Woodruff, Idaho Falls, ID 83401

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

Secretary of State use only

Signature: William Eder (signature required)

Printed Name: William Eder

Capacity/Title: President

(see instruction # 8 on back of form)

g:\corp\forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
05/06/2008 05:00
CK: 1271 CT: 1681 BH: 1113668
1 e 25.00 = 25.00 ASSUM NAME # 9

D121581