



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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:

Henry C. Downs, M.D.

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	Complete Address
<u>Henry C. Downs, M.D.</u>	<u>5000 Frazier Dr. Post Falls, ID 83854</u>
<u>Pamela D. Downs</u>	<u>Same as above</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

Henry C. Downs, M.D.  
5000 Frazier Dr.  
Post Falls, ID 83854

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/15/2001 09:00  
CK: 7525 CT: 135739 BH: 304709

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Henry C. Downs M.D.

Printed Name: Henry C. Downs, M.D.

Capacity: owner

(see instruction # 8 on back of form)

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