



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2005 OCT 20 PM 12:54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Peer Review-ASAP

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

Medical Quality and Peer Review, LLC

P.O. Box 5377 Ketchum, ID 83340

(W22357)

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 | |

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

Medical Quality and Peer Review, LLC

P.O. Box 5377 Ketchum, ID 83340

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

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

Phone number (optional):

208-725-5553

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Frank L. Fiaschetti, MD

Capacity/Title: Principal

(see instruction # 8 on back of form)

g:\cc\pforms\labn form\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/20/2005 05:00
CK: 877 CT: 193443 RH: 918851
1 @ 25.00 = 25.00 ASSUM NAME # 2

D92839