

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME

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:

Internal Medicine Associates of Western Idaho

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	Address
<u>Memorial Hospital</u>	<u>645 E. Fifth St.</u>
<u></u>	<u>Weiser, Id 83672</u>
<u></u>	<u></u>

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

9. Services - Healthcare

See categories on the reverse

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

Internal Medicine Associates of Western Idaho

645 E. Fifth St. Weiser, Id 83672

Signed

Susan McGough

By

SUSAN McGOUGH (AS ADMINISTRATOR)

Capacity

ADMINISTRATOR

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only
IDAHO SECRETARY OF STATE

12/28/1998 09:00
CX: 7844 CT: 185194 BH: 173366

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 1008

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