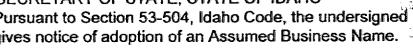
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

(see instruction # 8 on back of form)





	The assumed business name which the unders business is:	signed use(s) in the transaction of
	Garrity Medical Clinic	-
2.	The true name(s) and business address(es) of business under the assumed business name is	
	<u>Name</u>	Complete Address
	Family Medical Clinic, P.A.	222 East Logan
		Caldwell, ID 83605
3.	The general type of business transacted under (mark only those that apply)	the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture	Transportation and Public UtilitiesFinance, Insurance, and Real Esta
	Services Construction	Mining
a		
7.	The name and address to which future	
7.	correspondence should be addressed:	Submit Certificate of
7.		Assumed Business
7-	correspondence should be addressed: Family Medical Clinic, P.A.	
7-	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan	Assumed Business Name and \$20.00 fee to:
7-	correspondence should be addressed: Family Medical Clinic, P.A.	Assumed Business Name and \$20.00 fee to: Secretary of State
	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan Caldwell, ID 83605	Assumed Business Name and \$20.00 fee to:
	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan Caldwell, ID 83605 Name and address for this acknowledgment	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan Caldwell, ID 83605	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan Caldwell, ID 83605 Name and address for this acknowledgment	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan Caldwell, ID 83605 Name and address for this acknowledgment	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
	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan Caldwell, ID 83605 Name and address for this acknowledgment	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan Caldwell, ID 83605 Name and address for this acknowledgment	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
5.	correspondence should be addressed: Family Medical Clinic, P.A. 222 East Logan Caldwell, ID 83605 Name and address for this acknowledgment	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