

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.

FILED EFFECTIVE
NO FEB 22 2000
STATE OF IDAHO



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

FAMILY MEDICAL CENTER

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

<u>Name</u>	<u>Complete Address</u>
<u>Bryan L. Drake D.O.</u>	<u>360 East Liberty</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:
(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:

Family Medical Center
360 E. Liberty
Weiser ID 83672

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

Bank of the West

P. O. Box 230

Weiser, ID 83672

Signature: [Signature]

Printed Name: Bryan L. Drake

Capacity: owner

(see instruction # 8 on back of form)

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
IDHW SECRETARY OF STATE

02/22/2000 09:00
CK: 1799 CT: 127074 BN: 292230

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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