



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
Instructions are included on back of application.

APR 14 11:09 AM
STATE CLERK OF STATE
BOISE, IDAHO

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

Big Sky Vascular

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

<u>Name</u>	<u>Complete Address</u>
Medical Imaging Associates of Idaho Falls <u>PA</u>	2265 E. Sunnyside Rd. Idaho Falls, ID 83404
<u>C51603</u>	

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Big Sky Vascular
2265 E. Sunnyside Rd. Idaho Falls, ID 83404

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

Signature: *Michael Hodel*

Printed Name: Michael Hodel

Capacity/Title: General Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/15/2012 05:00
CK: 7851 CT: 278390 BH: 1324148
1 @ 25.00 = 25.00 ASSUM NAME # 2

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