CERTIFICATE OF ASSUMED BUSINESS NAME - OF IDAHO STATEMENT 28

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:

"North Idaho Day Surgery"

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>Address</u>
North Idaho Day Surgery and Laser	N. 2205 Ironwood Place
Surgery Center, Inc.	Coeur d'Alene, ID 83814

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

#9 - medical surgery center

See categories on the reverse

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

John L. Pennings, M.D., President

N. 2205 Ironwood Place, Coeur d'Alene, ID

Signed X

By John L. (Pegnings, M.D.

Capacity President

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

07/15/1997 09:00 CK: 1985 CT: 3934 BH: 21541

1 @ 20.80 = 20.00 ASSUM NAME.

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