



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse)

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

98 APR 21 AM 10:35

SECRETARY OF STATE
STATE OF IDAHO

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

THE VICKMAN GROUP

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 | Complete Address |
|---|--|
| <u>Larry Vickman MD, MHA, FACEP</u> | <u>7200 Basco Lane, Meridian IDAHO 83642</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:

Phone number (optional): 208-888-6334

Larry Vickman
7200 Basco Ln
Meridian ID 83642

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

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

Signature: Larry Vickman MD

Printed Name: LARRY VICKMAN

Capacity: President

(see instruction # 8 on back of form)

Revision 1/98

g:\copy\forms\abn.p05

Secretary of State use only
IDAHO SECRETARY OF STATE

04/21/1998 09:00
CK: 1159 CT: 97596 BH: 103133

1 @ 20.00 = 20.00 ASSUM NAME

#14211