



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP 23 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

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

Emmett Family Medicine & Direct Primary Care

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Petrie-White Family 2700 East Locust Street, Emmett, Idaho 83617

(Name) (Address)

Medicine of Idaho PLLC

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Jennifer Petrie, MD

(Name)

2001 East Quail Run Road

(Address)

Emmett, Idaho 83617

(City)

(State)

(Zipcode)

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

Jennifer Petrie, MD

(Name)

2700 East Locust Street

(Address)

Emmett, Idaho 83617

(City)

(State)

(Zipcode)

Printed Name: Jennifer Petrie, MD

Signature: *J Petrie*

Printed Name: Ryan White

Signature: *R White*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/23/2015 05:00

CK:1195 CT:314921 BH:1493435

1@ 25.00 = 25.00 ASSUM NAME #2

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