



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

APR -9 PM 3:42

SECRETARY OF STATE
STATE OF IDAHO

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

Eagle Medical Arts

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

Name

Complete Address

Sydney & Associates, LLC

520 S. Eagle Rd., Suite 2104, Meridian, ID 83642

W 13009

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

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

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

Margaret M. Jones, M.D.

520 S. Eagle Rd., Suite 2104

Meridian, ID 83642

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

Bart W. Harwood, Esq.

P.O. Box 1271

Boise, ID 83701-1271

Phone number (optional):

(208) 395-8500

Signature: _____

(signature required)

Printed Name: Margaret M. Jones, M.D.

Capacity/Title: Sydney & Associates, LLC Member

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\labn forms\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/09/2004 05:00
CK: 32934 CT: 22597 BH: 731969
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 74008