

CERTIFICATE OF ASSUMED BUSINESS NAME

98 DEC 14 AM 11:07
SECRETARY OF STATE
STATE OF IDAHO

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:

NANCY PARRY, M.D.

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>
<u>NANCY PARRY</u>	<u>P.O. BOX 2359 KETCHUM, ID 83340</u>
	<u>431 Walnut Ave. - No</u>

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

Services - Medical
See categories on the reverse

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

NANCY PARRY, M.D.
431 WALNUT AVENUE - NORTH
P.O. BOX 2359
KETCHUM, ID 83340-2359

Signed 
By _____
Capacity Owner

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
12/14/1998 09:00
CK: 1226 CT: 100000 IN: 169914
1 @ 20.00 = 20.00 ASSUM NAME # 2

D20832

Revision 10/98
scapiform@idaho.gov