FILED EFFECTIVE

227

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

2011 MAY 25 PM 12:55

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Lifespan Family Practice

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
TW McKnight Enterprises, LLC (W89329)	1781 Mpate, Twin Falls ctd.

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

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☑ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

TW McKnight Enterprises
DBA: Lifespan Family Practice
550 Polk St. Ste A Twin Falls, ID 8330)

5. Name and address for this acknowledgment copy (if desired, add $5.00)

Signature Wendy McKnight
Printed Name Wendy McKnight
Capacity/Title Owner
Signature
Printed Name
Capacity/Title

Secretary of State use only

IDAHO SECRETARY OF STATE
05/25/2011 05:00
CK: 687813 CT: 172099 BH: 1275336
1 @ 25.00 = 25.00 ASSUM NAME # 4

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