CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

Signature:

2018 FEB 12 AM 10: 32

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Triton Family Medicine			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):			
	Timothy Huff	3157 S. Bown Way Ste 200 Boise, ID 83706		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	Retail Trade Wholesale Trade	Construction Agriculture		☐ Transportation and Public Utilities ☐ Mining
	★ Services	Manufacturing	g	Finance, Insurance, and Real Estate
4.	Mailing address for future	correspondence:	5.	. Name and address for this acknowledgment copy is (if other than #4):
	Triton Family Medicine			
	(Name) 2392 E Gowen Road			(Name)
	(Address)			(Address)
	Boise, ID 83716 (City)	(State) (Zipcode)		(City) (State) (Zipcode)
Pri	inted Name: Timothy Huff			Secretary of State use only
Sig	gpertore:			
Pr	inted Name:		+	DANO SECRETARY OF STATE 02/12/2018 05:00
Signature:				CK:2069 CT:352700 BH:1626500 10 25.00 = 25.00 ASSUM NAME #2
Pr	inted Name:			D200307

Rev. 08/2015