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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

10 JAN 19 AM 10:43

SECRETARY OF STATE
STATE OF IDAHO

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

BREAST Implant Center of IDAHO

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
<u>PARKcenter Cosmetic Surgery PLLC</u>	<u>250 Bobwhite CT. #120</u>
<u>(W169684)</u>	<u>BOISE, IDAHO 83706</u>

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

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

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

DEAN E. SORENSEN, M.D.
250 Bobwhite CT. Suite #120
BOISE, IDAHO 83706

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

Idaho Secretary of State
460 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Dean E. Sorensen MD
(Signature required)
Printed Name: DEAN E. SORENSEN
Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

Idaho Secretary of State
Boise, ID 83720

IDAHO SECRETARY OF STATE
01/20/2010 05:00
CX: CASH CT: 150810 DN: 1204098
1 @ 25.00 = 25.00 ASSUM NAME # 2

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