



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAY 21 AM 9:44

SECRETARY OF STATE
STATE OF IDAHO

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

North Canyon Family Medicine

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

North Canyon Medical 267 North Canyon Drive Gooding, ID 83330

(Name)

(Address)

Center, Inc.

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

North Canyon Family Medicine

(Name)

267 North Canyon Dr

(Address)

Gooding, ID 83330

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name:

TIM POWERS

Signature:

Toni J Lee, Clinic Manager

Printed Name:

Signature:

Sara DeMoe

Printed Name:

Sara DeMoe

Signature:

Sara DeMoe

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2018 05:00

CK:36532 CT:352104 BH:1644895
1@ 25.00 = 25.00 ASSUM NAME #2

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