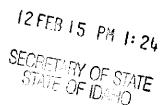


CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



	Apple A Day e true name(s) and <u>business</u> address(es	Family Medicine	ul(s) doing
	siness under the assumed business name	•	ii(s) doing
	<u>Name</u>	Complete Address	
<u>Ma</u>	axwell Williams	PO Box 3053, Moscow, ID 83	843
3. The	e general type of business transacted un		ss name is:
	Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	and Public Utilities Submit Certifi Assumed Bus Name and \$2	siness
cor	e name and address to which future respondence should be addressed: xwell Williams	Secretary of S 450 North 4th PO Box 8372	Street 0
PO	Box 3053	Boise ID 8372 208 334-2301	
Mo	scow, ID 83843	200 004-200	
	me and address for this acknowledgment by is (if other than #4 above);	nt	
_	Mill	Secretary	of State use only
ignature	<i>,v</i>		
	ame: Maxwell Williams		
apacity/Title: Owner		IDAHO SECRETARY OF STATE @2/15/2012 @5:00 CK: 5177 CT: 267867 BH: 1318861 1 9 25.88 = 25.88 ASSUM NAME # 2	
gnature:			
	ame:	1 6 53.00	- PAIAA HARAH SUUM M #
apacity/	Title:	1	