



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

**FILED EFFECTIVE**  
2016 DEC 12 AM 11:13

SECRETARY OF STATE  
STATE OF IDAHO

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

Intermountain Practice Partners

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):

Doctors CFO LLC                      2412 Shayla Pl Pocatello, ID 83201  
(Name)    (Address)

W 100 265  
(Name)    (Address)

(Name)    (Address)

(Name)    (Address)

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Carl Stoddard  
(Name)  
2412 Shayla Pl  
(Address)  
Pocatello, ID 83201  
(City)    (State)    (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City)    (State)    (Zipcode)

Printed Name: Carl Stoddard  
Signature:   
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Secretary of State use only  
  
IDAHO SECRETARY OF STATE  
**12/12/2016 05:00**  
CK:41268 CT:332169 BH:1559068  
1@ 25.00 = 25.00 ASSUM NAME #2  
  
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