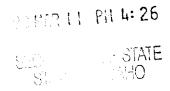


## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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.



ALLERGY CLINIC - IDAHO	
2. The true name(s) and business address(est business under the assumed business name Name  Specialty Clinics of Idaho, P.A.  (C177608)	
	nder the assumed business name is:
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>John A. Boyajian</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
727 E. Riverpark Lane, Suite 200	(208) 334-2301
Boise, ID 83706  5. Name and address for this acknowledgme copy is (if other than # 4 above).  Patrick J. Miller	ent
601 West Bannock Street	Secretary of State use only
ignature:  (signature required)  John A. Boyajian  Capacity/Title:  (see instruction # 8 on back of form)	### IDAHO SECRETARY OF STATE  ##################################

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