

FILED-EFFECTIVE

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.

APR 11 PM 4:26

SECRETARY OF STATE
IDAHO

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

ALLERGY CLINIC - 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

Specialty Clinics of Idaho, P.A.

727 E. Riverpark Lane, Suite 200, Boise, ID 83706

(C177608)

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

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

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

(208) 334-2301

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

John A. Boyajian

727 E. Riverpark Lane, Suite 200

Boise, ID 83706

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

Patrick J. Miller

601 West Bannock Street

Boise, ID 83702

Signature: _____

(signature required)

Printed Name: _____

John A. Boyajian

Capacity/Title: _____

Director

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn_form\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE

03/12/2008 05:00

CK: 2777 CT: 1626 BH: 1104137

1 @ 25.00 = 25.00 ASSUM NAME # 2

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