



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 JUL 12 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

Mountain View Family Medicine and Allergy Clinic

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
<u>Timothy R. Bonine MD</u>	<u>312 S. 1st Ave. Ste B</u>
_____	_____
_____	_____

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:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Erin C Bonine
2013 Janelle Way
Sandpoint ID 83864

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

Phone number (optional): _____

Signature: Erin C Bonine
(signature required)

Printed Name: Erin C Bonine

Capacity/Title: Secretary/Treasurer
(see instruction # 8 on back of form)

Secretary of State use only

D78111

IDAHO SECRETARY OF STATE
07/12/2004 05:00
CK: 2421 CT: 158018 BH: 755828
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\forms\labn forms\labn.p65
Revised 04/2003