

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 APR 23 AM 8: 52

submits for filing a certificate of Assumed Busine	ess Name.	
が ♀️ Please type or print legibly. NOTE: See instructions on reverse before fill	ing. STATE OF IDAHO	
Timothy Quinn, M.D. The assumed business name which the undersibusiness is: Kootenai Surgery Associates Kootenai Surgery Associates Kootenai Surgery Associates The true name(s) and business address(es) of business under the assumed business name: Name Philip Kladar, M.D. 700 700 700 700 700	the entity or individual(s) doing Complete Address Ironwood Dr., Ste. 304, CdA, ID Ironwood Dr., Ste. 304, CdA, ID Ironwood Dr., Ste. 304, CdA ID	83814 83814 814 83814 83814
3. The general type of business transacted under		
Retail Trade Transportation and Wholesale Trade Construction X Services * Agriculture Manufacturing Mining Finance, Insurance, and Real Estate * not a partnership 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West	
Thomas Thilo, M.D. 700 Ironwood Dr., Suite 304 Coeur d'Alene, ID 83814	PO Box 83720 Boise ID 83720-0080 208 334-2301	
 Name and address for this acknowledgment copy is (if other than # 4 above); 	Phone number (optional): (208) 667-1588	
Janet D. Robnett		ļ
P. O. Box E	Secretary of State use only	
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83816-0328 Coeur d'Alene Signature: Printed Name: Thomas Thilo.

Capacity/Title: Sole proprietor

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE @5/@2/2003 @5:00 CK: 152514 CT: 3780 BH: 678232 # 25.88 = 25.88 ASSUM NAME # 2