CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED
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SECRETARY OF STATE
STATE OF IDAHO
EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

   Meridian Surgical Specialists

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
Robert M. Cahn MD	
5224 SW Orchid St	
Portland OR 97219	

3. The general type of business transacted under the assumed business name is (mark only those that apply)

   - [ ] Retail Trade
   - [ ] Wholesale Trade
   - [x] Services
   - [ ] Manufacturing
   - [ ] Agriculture
   - [ ] Construction
   - [ ] Transportation and Public Utilities
   - [ ] Finance, Insurance, and Real Estate
   - [ ] Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional):

   Robert M. Cahn, MD
   520 S. Eagle Rd Suite ~~[illegible]~~ 1239
   Meridian Id. 83642

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

   Robert M Cahn, MD
   5224 SW Orchid St
   Portland OR 97219

Signature: [signature]

Printed Name: Robert M. Cahn

Capacity: Owner/Sole Proprietor

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and $20.00 fee to

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

IDAHO SECRETARY OF STATE
03/30/2000 09:00
CK: 1152 CT: 129065 BH: 304204
1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 1/98