

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page.)

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 uses(s) in the transaction of business is:

Ada Plastic & Reconstructive Surgery

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

Thomas D. McKim, M.D.

999 N. Curtis Road Suite #404

Boise, Idaho 83706

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): _____

Thomas D. McKim, M.D.

999 N. Curtis Road, Suite #404

Boise, Idaho 83706

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

FIRST SECURITY BANK N.A.

COMMERCIAL LOAN DOCUMENTATION CENTER

P.O. BOX 8203

BOISE, IDAHO 83707

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

Secretary of State use only

Signature: Thomas D. McKim

Printed Name: Thomas D. McKim, M.D.

Capacity: owner

(see instruction # 8 on other sheet)

IDAHO SECRETARY OF STATE

08/29/1997 09:00
CK: 1756 CT: 86587 BH: 34366

1 @ 20.00 = 20.00 ASSUM NAME

D7670