

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 NOV 24 AM 9: 00

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

STATE OF IDAHO

The assumed business name which the und business is: PODANY S	dersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name JOSEPH E. PODANY, JR., M.D., P.A. C 131202	Complete Address 2860 CHANNING WAY, SUITE 206, IDAHO FALLS, ID 83404
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: PODANY SURGICAL 2860 CHANNING WAY, SUITE 206 IDAHO FALLS, ID 83404 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 feet to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 208-535-4000
Signature: Supple Signature required) Printed Name: JOSEPH E. PODANY, JR., M.D. Capacity/Title: PRESIDENT (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/29/2003 05-00
Capacity/Title: PRESIDENT (see instruction # 8 on back of form)	12/29/2003 05 = 00 CK: 2625 CT: 158010 BH: 718989 1 0 25.00 = 25.00 ASSUM NAME # 2