

FILE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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:

Diabetic Foot Ulcer Clinic

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

James W. Palmer

10535 STRAHORN

Hayden, ID 83835

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:

James W. Palmer

10535 STRAHORN

Hayden, ID 83835

Phone number (optional): _____

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:

James W. Palmer

Printed Name:

James W. Palmer

Capacity:

OWNER

(see instruction # 8 on back of form)

Revision 12/99

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84/30/2001 09:00
CX: 1247 CT: 145714 BN: 394161
1 0 20.00 = 20.00 ASSUM NAME # 2

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