

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly) 98 MAY 18 AM 10:53



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:

LEWISTON URGENT CARE

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

62374  

| Name                              | Complete Address              |
|-----------------------------------|-------------------------------|
| <u>LEWISTON URGENT CARE, P.C.</u> | <u>710 PARKWAY, LEWISTON,</u> |
|                                   | <u>IDAHO 83501</u>            |

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

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

LEWISTON URGENT CARE

c/o DR. ROBERT RUST

710 PARKWAY, LEWISTON, ID 83501

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

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

Signature: Robert Rust

Printed Name: ROBERT RUST

Capacity: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

05/18/1998 09:00  
CK: 3296 CT: 100305 BH: 111524

1 @ 20.00 = 20.00 ASSUM NAME

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