



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 FEB 27 AM 10

**SECRETARY OF STATE
STATE OF IDAHO**

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

Blue Lakes Clinics

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) _____ (Address) _____

Blue Lakes Medicine, PA 1122 Eastland Dr. N., Suite #2, Twin Falls, ID 83301

(Name) *C 208156* (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

Dr. Rusty Arrington

(Name) _____

1122 Eastland Dr. N., Suite #2

(Address) _____

Twin Falls ID 83301

(City) _____ (State) _____ (Zipcode) _____

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

Bren E. Mollerup

(Name) _____

P.O. Box 366

(Address) _____

Twin Falls, ID 83303-0366

(City) _____ (State) _____ (Zipcode) _____

Printed Name: Howard R. Arrington

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/27/2017 05:00

CK:10377 CT:2053 BH:1570734

1@ 25.00 = 25.00 ASSUM NAME #3

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