

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO 97 NOV 17 AM 8:30
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

R.J. Slickers, MD

FILED

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

R. Slickers

1221 Lynwood Mall, Twin Falls, ID 83301

Jane E. Slickers

1221 Lynwood Mall, Twin Falls, ID 83301

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:

Phone number (optional): _____

R.J. Slickers MD
1221 Lynwood Mall
Twin Falls, ID 83301

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

D.L. Evans Bank
Attn: Patti
P.O. Box 87
Twin Falls, ID 83303

Signature: [Signature]

Printed Name: R. Slickers

Capacity: R. Slickers

(see instruction # 8 on back of form)

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

IDAHO SECRETARY OF STATE

11/17/1997 09:00
CK: 960565 CT: 24085 JH: 55731

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/87

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