



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP 14 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

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

Eastern Idaho Foot Clinic

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):

Jerry D. Cooper 2565 Channing Way, Idaho Falls, ID 83404
(Name) (Address)

(Name) (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 - Medical | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Jerry D. Cooper
(Name)
2565 Channing Way
(Address)
Idaho Falls, ID 83404
(City) (State) (Zipcode)

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

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Jerry D. Cooper

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

IDAHO SECRETARY OF STATE

Secretary of State use only

09/14/2015 05:00

CK:10730 CT:314508 BH:1492079
1@ 25.00 = 25.00 ASSUM NAME #2

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