



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 AUG 19 A 3:00
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

MEDICAL SERVICES REVIEW

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

Name	Complete Address
<u>W. TERRY GIPSON M.D.</u>	<u>P.O. BOX 7603</u>
	<u>BOISE, ID 83707</u>

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

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

MEDICAL SERVICES REVIEW
P.O. BOX 7603
BOISE ID 83707

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

Phone number (optional): _____

Signature: W. Terry Gipson M.D.

(signature required)

Printed Name: W. TERRY GIPSON M.D.

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

079307

IDAHO SECRETARY OF STATE
08/19/2004 05:00
CK: 5827 CT: 158018 BH: 761769
1 @ 25.00 = 25.00 ASSUM NAME # 2