

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED  
FEB 17 2 3



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:

SUN VALLEY FAMILY PRACTICE

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
<u>RICHARD PARIS, MD</u>	<u>706 S. MAIN ST. HAILEY,</u>
<u>CARL BARBEE, MD</u>	<u>"</u>
<u>RANDY CORIEN, MD</u>	<u>"</u>
<u>KATHRYN WOODS, M</u>	<u>"</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:

MARY ROWLAND / CLINIC ADM  
HAILEY MEDICAL CLINIC  
706 SOUTH MAIN ST  
HAILEY, ID 83333

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

Secretary of State use only

Signature: X

Printed Name: RICHARD PARIS, MD

Capacity: MEDICAL DIRECTOR

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

02/17/1999 09:00  
CK: 7189 CT: 111234 BH: 100795

1 @ 20.00 = 20.00 ASSUM NAME # 3