



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

03 OCT 10 AM 11:33

SECRETARY OF STATE
STATE OF IDAHO

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

Eagle OB/GYN

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

Horizon Health, P.A.

520 S. Eagle Rd., Ste. 2104, Meridian, ID 83642

CT29587

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 | |

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

Margaret M. Jones, M.D.

520 S. Eagle Rd., Ste. 2104

Meridian, ID 83642

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

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

Bart W. Harwood, Esq.

P.O. Box 1271

Boise, ID 83701-1271

Phone number (optional):

(208) 395-8500

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Margaret M. Jones, M.D.

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 10/02/03

IDAHO SECRETARY OF STATE
10/10/2003 05:00
CK: 31699 CT: 22597 BH: 706042
1 @ 25.00 = 25.00 ASSUM NAME # 2

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