

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

JUN 22 AM 9:00
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:

Idaho Colon & Rectal Surgery Center

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

<u>Name</u>	<u>Complete Address</u>
<u>Chris Kantarian, M.D.</u>	<u>222 N. 2nd Street, Suite 312</u> <u>Boise, Idaho 83712</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 | |

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

J. Chris Kantarian M.D.
222 N 2nd St, Suite 312
Boise, ID 83712

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

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

Phone number (optional):

208-336-3070

Secretary of State use only

Signature: Chris Kantarian MD

Printed Name: MARIE KANTARIAN

Capacity: office manager

(See instruction # 3 on back of form)

IDAHO SECRETARY OF STATE
07/11/2001 09:00
CK: 5941 CT: 147969 BH: 487255
1 @ 20.00 = 20.00 ASSUM NAME # 4

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