

CERTIFICATE OF ASSUMED BUSINESS NAME

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:

COMPREHENSIVE CENTER FOR FAMILY MEDICINE

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

<u>Name</u>	<u>Address</u>
DAVID P. BOWMAN D.O.	1995 E. 17th St. Suite #4
	Idaho Falls, ID 83404

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

SERVICES

See categories on the reverse

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

COMPREHENSIVE CENTER FOR FAMILY MEDICINE
David P. Bowman D.O.
1995 E 17th St. Suite #4
Idaho Falls, ID 83404

Signed

David P. Bowman D.O.

By

DAVID P. BOWMAN

Capacity

SOLE PROPRIETOR

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 06/16/1997
0900 102422 2
CK #: 1012 CUST# 82968
ASSUM NAME 10 20.00= 20.00

#: D 5730