



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

MAY -1 AM 8:51

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Idaho Center for Weight Loss Surgery

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

Name

Jim F. Valentine M.D.

Complete Address

1603-Suite E 12th Avenue Road

Nampa Idaho 83686

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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:

Jim F. Valentine M.D.

1603-E 12th Avenue Road Nampa Idaho 83686

Phone number (optional):

208-463-1455

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

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Jim F. Valentine M.D.

Capacity/Title: \_\_\_\_\_

Surgeon

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE

05/01/2003 05:00

CK: 1817 CT: 158810 BH: 677982

1 @ 25.00 = 25.00 ASSUM NAME # 2

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