



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

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:

Podiatry Center of Idaho

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

Treasure Valley Podiatry, P.L.L.C. 6001 West State, Boise 83703

Boise Podiatry Clinic, P.A. 1412 West Bannock, Boise 83702

3. The general type of business transacted under the assumed business name is.
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 345-1868

Scott Graviat, D.P.M.

1412 West Bannock

Boise, Idaho 83702

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

Same as 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: Scott Graviat DPM

Printed Name: Scott Graviat, D.P.M.

Capacity: General Partner

(see instruction # 8 on back of form)

Revision 1/88

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IDAHO SECRETARY OF STATE

04/14/1999 09:00
CK: 19288 CT: 68677 BH: 287865

1 @ 20.00 = 20.00 ASSUM NAME # 2

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