

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED/EFFECTIVE



00/13/18 09:23:24

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:

Sawtooth Medical

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>Complete Address</u>
<u>Michael J. Preece</u>	<u>3085 Woodridge</u>
<u>Anthony Burns</u>	<u>TWIN Falls Id. 83301</u>

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Sawtooth Medical
3085 Woodridge
TWIN Falls Id. 83301

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

Signature: Michael J. Preece

Printed Name: Michael J. Preece

Capacity: Partnership

(see instruction # 8 on back of form)

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

IDAHO SECRETARY OF STATE

03/14/2000 09:00
CK: 1472 CT: 120143 BH: 290569

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97
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