



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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 uses(s) in the transaction of business is:

Magic Valley House Doctor

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
<u>John D Shaw</u>	<u>1515 Kimberly Rd Twin Falls</u>

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

<input 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 checked="" type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-732-5805
208 420-2285

MV House Doctor
1515 Kimberly Rd Lot 28
Twin Falls, ID 83301

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

Magic Valley House Doctor

J. D. Shaw
1515 Kimberly Rd. Lot 28.
Twin Falls, ID. 83301

Signature: John D Shaw

Printed Name: John D Shaw

Capacity: _____

(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

DS-5839

IDAHO SECRETARY OF STATE
06/17/2002 05:00
CK: 1214 CT: 161239 BH: 472139
1 E 20.00 = 20.00 ASSUM NAME # 2