



# 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.

2003 OCT 27 AM 9:17

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

SECRETARY OF STATE  
STATE OF IDAHO

MAGIC VALLEY HEARING & AUDIOLOGY CLINIC

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
JACQUIE ELCOX	10361 HINSDALE CT
	BOISE ID 83704
TREASURE VALLEY HEARING & BALANCE CLINIC INC C9320D	1084 N COLE RD., BOISE ID 83704

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 377-0019

TREASURE VALLEY HEARING & BALANCE CLINIC  
1084 N COLE RD  
BOISE ID 83704

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: Jacquie Elcox

Printed Name: JACQUIE ELCOX

Capacity: PRESIDENT

(see instruction # 8 on back of form)

Revision 1/98  
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IDAHO SECRETARY OF STATE  
11/06/2003 05:00  
CK: 6119 CT: 102155 BH: 710427  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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