



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUN 12 AM 9:50

**SECRETARY OF STATE
STATE OF IDAHO**

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

Snake River Senior Medicine

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

BRiO Practice Management 120 N Woodruff Ave Idaho Falls, Id 83401

(Name) IDAHO LLC (Address) W172627

(Name) _____ (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

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

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

4. Mailing address for future correspondence:

Brandon Taylor

(Name)

120 N Woodruff Ave

(Address)

Idaho Falls Id 83401

(City) (State) (Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Brandon Taylor

Signature: [Handwritten Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/12/2017 05:00

CR:6450 CT:327814 BH:1588516
1@ 25.00 = 25.00 ASSUM NAME #2

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