

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

2003-03-01-10

SECRETARY OF STATE  
STATE OF IDAHO

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

McMurdie Medical Examination Station

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Jimmie Devon Thompson

207 3rd Avenue E. Twin Falls, ID 83301

Admirasol G. Saunders

207 3rd Avenue E. Twin Falls, ID 83301

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

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

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

Jimmie D. Thompson

207 3rd Avenue East

Twin Falls, Idaho

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

PD  
26 MAR  
06  
J.D.T.

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

same as # 4

Phone number (optional):

208-734-9636

Secretary of State use only

Signature: Jimmie D. Thompson

(signature required)

Printed Name: Jimmie D. Thompson

Capacity/Title: Owner, President

(see instruction # 8 on back of form)

g:\comp\forms\abn form\abn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
03/29/2006 05:00  
CK: 3610 CT: 158010 BH: 946051  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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