

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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:

Teton Valley Health 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

Keran Meehan

PO Box 503

Victor Id 83455

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

PO Box 503

Victor ID 83455

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

Key Bank N.A.

15 N Main

Driggs, Id 83422

Signature: Kevin Meehan

Printed Name: Kevin Meehan

Capacity: _____

(see instruction # 8 on back of form)



STATE OF IDAHO

FILED EFFECTIVE/AM 9:07

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

2500
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

DM4223

IDAHO SECRETARY OF STATE
03/16/2004 05:00
CK: 814072458 CT: 98147 BH: 733351
1 @ 25.00 = 25.00 ASSUM NAME # 2