



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.

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

Preventive Occupational and Environmental Medicine

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

Ralph M. Sutherlin, D.O., M.P.H., P.A.

6126 S. Settlement Way
Boise, Idaho 83716

C149861

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Ralph M. Sutherlin

6126 S. Settlement Way

Boise, Idaho 82716

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

Cynthia A. Melillo

PO Box 2720

Boise, Idaho 83701

Signature: *Ralph M. Sutherlin*

(signature required)

Printed Name: Ralph M. Sutherlin

Capacity/Title: President

(see instruction # 8 on back of form)

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

Phone number (optional):

208-388-1200

Secretary of State use only

IDAHO SECRETARY OF STATE
07/02/2003 05:00
CK: 36639 CT: 1626 BH: 689817
1 @ 25.00 = 25.00 ASSUM NAME # 2

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FILED EFFECTIVE

2003 JUL - 1 AM 4:31
STATE OF IDAHO
CLERK OF COURT