



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.

FILED EFFECTIVE
2003 MAY -6 PM 1:58
SECRETARY OF STATE
STATE OF IDAHO

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

North Idaho Neurosurgery and Spine

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

North Idaho Neurosurgery and Spine, PLLC

850 W. Ironwood Dr., #300

Coeur d'Alene, Idaho 83814

W16300

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:

850 W. Ironwood Drive, Suite 300

Coeur d'Alene, Idaho 83814

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

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

850 W. Ironwood Drive, Suite 101

Coeur d'Alene, Idaho 83814

Phone number (optional):

Secretary of State use only

Jeffrey D. McDonald, PLLC

Signature: By: *Jeffrey D. McDonald*

(signature required)

Printed Name: Jeffrey D. McDonald

Capacity/Title: Member

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
05/06/2003 05:00
CK: 4441 CT: 87354 BN: 678999
1 @ 25.00 = 25.00 ASSUM NAME # 8

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