



# 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:

PAIN DIAGNOSTIC & TREATMENT CENTER

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

Name

T DANIEL DIBBLE, M.D., P.C.

Complete Address

2190 IRONWOOD CENTER DRIVE

COEUR D'ALENE, ID 83814

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:

T DANIEL DIBBLE, M.D.

2900 GOVERNMENT WAY #204

COEUR D'ALENE, ID 83815

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

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):

509-921-1104

Secretary of State use only

Signature: [Signature]  
(signature required)

Printed Name: T DANIEL DIBBLE, MD

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
05/13/2004 05:00  
CK: 1423 CT: 150010 BH: 744835  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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