## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO 99 007 22 AN IO: 04 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:

Carpal Tunnel Center

2.	The true name(s) and business address(es) of the entity or individual(s) do	ina
	business under the assumed business name is/are:	

<u>Name</u>	<u>Address</u>	
Rheim B. Jones Orthopedics,	P.A. 2035 East 17th Street	
	Idaho Falls, ID 83402	

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

Services

See categories on the reverse

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

Rheim B. Jones Orthopedics, P.A. 2035 East 17th Street

Idaho Falls, ID 83402

Signed

Ву

Rheim B. Jones

Capacity President

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

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer #

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10/22/1999 09:00 CX: 2284 CT: 67:97 M: 268174

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