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. Instructions are included on back of application.

FILED EFFECT

2011 JUN -1 PM 4: 49

SECRETARY OF STATE STATE OF IDAHO

The Autism Clinic of Idaho	
The true name(s) and <u>business</u> address(es business under the assumed business nam Name Pediatric Neurobehavioral Diagnostics, PLLC (Wege 7)	
The general type of business transacted ungle Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Ken Lawson 13014 N 105 E Idaho Falls, ID 83401 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 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name: Darla J. Lawson ity/Title: Registered Agent ure:	Secretary of State use only

1949 SECRETARY OF STATE 06/02/2011 05:00 CX: 693556 CT: 172099 BH: 1276334 1 2 25.00 = 25.00 ASSUM NAME 1 2

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