CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	gives notice of adoption of an As	sumed Business Name.
1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of
	Orthopedic Surgery Cent	ter
2.	The true name(s) and business address(es) business under the assumed business nam Name	
	Joseph R. Petersen, M.D.	P. O. Box 1263, Burley, Idaho 83318
3.	The general type of business transacted un (mark only those that apply)	der the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	<ul><li>Transportation and Public Utilities</li><li>Finance, Insurance, and Real Estate</li><li>Mining</li></ul>
4.	The name and address to which future Pl correspondence should be addressed:	none number (optional): (208) 678-1138
	P. O. Box 1263	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):  Steven A. Tuft	Secretary of State 700 West Jefferson t Basement West PO Box 83720 Boise ID 83720-0080 208 334 2301 of STATE
	P. 0. Box 759  Burley, Idaho 83318	1.6(14/1222 62:00 (x: 25% (1/15)14 m: 25%)
	terus Stesers -	1 8 28.88 = 28.88 ASSUM WANE # 3
	Joseph -	1

Signature:

Printed Name: Joseph R. Petersen, M.D.

Capacity: Owner

(see instruction # 8 on back of form)

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