

Sep 21 04 08:42p
09/15/2004 13:28Luann M. Ganz
WITHERSPOON KELLEY → 9P12086672631

208-664-1326

P-2
NO. 485 0002

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 SEP 23 AM 11:19
STATE OF IDAHO

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:

Neurosurgery and Spine Northwest

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

Name

William F Ganz FACS PLLC

Complete Address

850 W. Ironwood Dr.

W 14799

Coeur d'Alene, Idaho 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	

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

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

William F. Ganz, MD

1107 Ironwood Drive

Coeur d'Alene, Idaho 83814

Phone number (optional):

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

Signature: William F. Ganz, MD

(signature required)

Printed Name: William F. Ganz, MD

Capacity/Title: Member

(see instruction # 8 on back of form)

Secretary of State use only

State of Idaho Seal
Revised 12/2001

IDaho SECRETARY OF STATE
09/23/2004 05:00
CK: none CT: 24485 BH: 767645
1 @ 25.00 = 25.00 ASSUM NAME # 3

D 80322