



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name: 55

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Eastern Idaho Neurological Surgery

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

Name
Stephen Marano, MD PC
(C 136402)

Complete Address

2860 Channing Way #115
Idaho Falls ID 83404

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

see #2

Phone number (optional): 522 6930

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

see #2

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

11/22/2000 09:00
CK: 9064 CT: 130828 DH: 362531

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: [Signature]

Printed Name: S. Marano

Capacity: Director

(see instruction # 8 on back of form)

D410707