

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2017 FEB -7 PM 2:04

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is
Rocky Mountain Interventional Pain Management

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

aaa american healthcare llc 1301 East 17th Street #5, Idaho Falls, ID. 83404

(Name) W119563 (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

AAA American Healthcare, LLC

(Name)

1301 E 17th Street

(Address)

Idaho Falls

ID

83404

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Alban Hatch

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev 09/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

02/07/2017 05:00

CK:12872920 CT:172099 BH:1567809

1@ 25.00 = 25.00 ASSUM NAME #2

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