



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2017 FEB 28 AM 8:42**  
**SECRETARY OF STATE**  
**STATE OF IDAHO**

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

Advanced NeuroDiagnostics of Idaho

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):

Dr. Richard A.M. Powell      2068 Addison Ave East, Twin Falls, Idaho 83301

(Name)

(Address)

(Name)

(Address)

NDZt, PC C207035      2068 Addison Ave. East, Twin Falls, Idaho 83301

(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:

NDZT, Inc

(Name)

2068 Addison Ave. East

(Address)

Twin Falls, Idaho 83301

(City)

(State)

(Zipcode)

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

Dr. Richard A.M. Powell

(Name)

2068 Addison Ave. East

(Address)

Twin Falls, Idaho 83301

(City)

(State)

(Zipcode)

Printed Name: Richard A.M. Powell

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**02/28/2017 05:00**

CK:1230 CT:335227 BH:1571052  
1@ 25.00 = 25.00 ASSUM NAME #2

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