



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

08 SEP -4 PM 2:23

SECRETARY OF STATE
STATE OF IDAHO

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

THE CENTER FOR CHRONIC PAIN MANAGEMENT

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

Name

Complete Address

DR. Michael J. Plyer 750 WARMSPRINGS SUITE G
BOISE IDAHO 83712

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 | |

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

750 WARMSPRINGS SUITE G
BOISE ID 83712

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature:

Dr. Michael J. Plyer
(signature required)

Printed Name: DR. MICHAEL J. PLYER

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

1124586

IDAHO SECRETARY OF STATE
09/04/2008 05:00
CK: 1081 CT: 150010 BH: 1134451
1 @ 25.00 = 25.00 ASSUM NAME # 2