

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:

02 DEC 16 PM 2:35

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:

Idaho Center for Spinal Disorders

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

Idaho Spine Center, PLLC

53 Poplar Street, Blackfoot, Idaho 83221

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:

53 Poplar Street, Blackfoot, Idaho 83221

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

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

HTEH LLP c/o Brian Larsen

877 Main Street, Suite 1000, P.O. Box 1817

Boise, Idaho 83701

Phone number (optional):

208-344-6000

Signature:

(Signature Required)

Printed Name:

Grant Walker, M.D.

Capacity/Title:

Manager

(see instruction # 6 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/16/2002 05:00  
CK: 88815 CT: 94558 BH: 651615  
1 @ 20.00 = 20.00 ASSUM NAME # 4

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