

FILED EFFECTIVE

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.

2012 OCT 24 AM 9:38

SECRETARY OF STATE
STATE OF IDAHO

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

Compassionate Healthcare Services 83704A

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

CRANIOFACIAL PAIN CENTER OF IDAHO, P.A.

8119 Ustick Rd., Boise, ID 83704

(C124464)

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:

Jamison R. Spencer

8119 Ustick Rd.

Boise, ID 83704

Submit Certificate of
Assumed Business
Name and \$25.00 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):

Legalzoom.com, Inc. c/o Karla Figueroa

101 N. Brand Blvd., 10th Floor

Glendale, CA 91203

Phone number (optional):

208-376-3600

Signature: X

(signature required)

Printed Name: Jamison R. Spencer

Capacity/Title: President

(see instruction # 6 on back of form)

Secretary of State use only

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Revised 04/2009

IDAHO SECRETARY OF STATE
10/24/2012 05:00
CK: 1174115 CT: 172899 BH: 1344927
1 @ 25.00 = 25.00 ASSUM NAME # 2

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