

FILED



CERTIFICATE OF ASSUMED BUSINESS NAME

2005 DEC 29 PM 3:05

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 filling.

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

Idaho Orthopaedic Sport Clinic

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
<u>Idaho Orthopaedic Specialists, P.A.</u>	<u>833 North 18th</u>
<u>C108719</u>	<u>Suite D-1</u>
	<u>Pocatello, Idaho 83201</u>

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Idaho Orthopaedic Specialists, P.A.
333 North 18th, Suite D-1
Pocatello, Idaho 83201

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):

Fredrikson & Byron, Attn: Kimberly Macke
200 South 5th Street, Suite 4000
Minneapolis, MN 55402-1425

Phone number (optional):
612-482-7712

Signature: *V. Estlin*
(Signature required)
 Printed Name: VERNON ESTLIN
 Capacity/Title: Secretary
(see Instruction # 8 on back of form)

Group Number: 688991
Rev: 09/2005

Secretary of State use only

IDAHO SECRETARY OF STATE
 12/29/2005 05:00
 CK: 688991 CT: 172099 BH: 929219
 1 @ 25.00 = 25.00 ASSUM NAME # 4

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