

~~FILED EFFECTIVE~~

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

2003 JAN.-6 AM 9:57

STATE OF IDAHO

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

Orthopaedic Forensic Solutions

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

Name	Address
DAVID SCHENKAR, MD	1102 GULCH RD HAILEY, ID
	83333

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

RETAIL TRADE

See categories on the reverse

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

SAME AS #2.

Signed

By

Capacity

Customer #

Secretary of State use only

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080IDAHO SECRETARY OF STATE
01/06/2003 05:00
CK: 3829 CT: 158818 BH: 654763
1 @ 20.00 = 20.00 ASSUM NAME # 2

D61230

FY
1/2/03

Check sent by mail