



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 JUN -3 AM 9:48

Please type or print legibly.

Instructions are included on back of application.

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

CDA SPINE & SPORTS

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

COEUR D ALENE SPINE AND BRAIN, PLLC

3320 N GRAND MILL LN

(W 23002)

COEUR D ALENE, ID 83814

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:

COEUR D ALENE SPINE AND BRAIN, PLLC

3320 N GRAND MILL LN

COEUR D ALENE, ID 83814

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Jeffrey J Larson 5/30/2013

Printed Name: JEFFREY J LARSON

Capacity/Title: MEMBER

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAH0 SECRETARY OF STATE
06/03/2013 05:00
CK: 12150 CT: 283861 BH: 1376449
1 @ 25.00 = 25.00 ASSUM NAME # 2

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