

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 APR 28 PM 2:45

SECRETARY OF STATE
STATE OF IDAHO

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

Liljenquist & Redd Orthopedic Surgery

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

East Idaho Orthopaedics, PLLC 3405 Merlin Drive
(Name) (Address)
WI65195 Idaho Falls ID 83404

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Liljenquist & Redd Orthopedic Surgery
(Name)
3405 Merlin Drive
(Address)
Idaho Falls, ID 83404
(City) (State) (Zipcode)

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

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Joseph Liljenquist

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/28/2016 05:00

CK:3814286 CT:172099 BH:1525877

1@ 25.00 = 25.00 ASSUM NAME #2

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