



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

2014 APR 28 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

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:

PAIN & SPINE SPECIALISTS OF IDAHO

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

<u>Name</u>	<u>Complete Address</u>
<u>PAIN SPECIALISTS OF IDAHO, PLLC</u>	<u>3400 MERLIN DR., IDAHO FALLS, ID 83404</u>
<u>(W94458)</u>	<u></u>
<u></u>	<u></u>

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 | |

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

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

JASON M. POSTON
3400 MERLIN DR.
IDAHO FALLS, ID 83404

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

Signature:

Printed Name: JASON M. POSTON

Capacity/Title: MEMBER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/29/2014 05:00
CK:2733 CT:293581 BH:1422446
1@ 25.00 = 25.00 ASSUM NAME #2

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