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CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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.

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

Sun Valley Pain Clinic

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

Kimberly A. Vorse, MD. Box 2403
Ketchum, ID

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Box 2403
Ketchum, ID 83340

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

Box 2403
Ketchum, ID 83340

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: K. Vorse

Printed Name: Kimberly Vorse

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97
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IDAHO SECRETARY OF STATE

12/21/1998 09:00
CK: 1202 CT: 100439 BN: 171941

1 @ 20.00 = 20.00 ASSUM NAME # 2

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