

FILED

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO, APR 3 2 52 PM '98  
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:

Pain Management and Rehabilitation Medicine of Idaho

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

Complete Address

James H. Morland, M.D.

222 North 2nd, Suite 202, Boise, ID 83702

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:

Phone number (optional): \_\_\_\_\_

Gerald T. Husch, Moffatt, Thomas

P. O. Box 829

Boise, ID 83701

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

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

Signature: James H. Morland M.D.

Printed Name: James H. Morland, M.D.

Capacity: Individual

(see instruction # 8 on back of form)

Secretary of State use only  
IDaho SECRETARY OF STATE

04/03/1998 09:00  
CK: none CT: 1117 BH: 97909

1 @ 20.00 = 20.00 ASSUM NAME

D 13669

Revision 2/97

9/10/1998 10:00 AM