



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 OCT 13 AM 9:05
STATE OF IDAHO

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

Craniofacial Pain Center of Idaho

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

Name

Jamison R. Spencer, D.M.D., P.A.

Complete Address

2030 N. Cole Road, Boise, ID 83704

(C124464)

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

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

Craniofacial Pain Center of Idaho

8119 Ustick Road

Boise, ID 83713

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

Phone number (optional):

(208) 376-3600

Signature:

(signature required)

Printed Name: Jamison R. Spencer, D.M.D.

Capacity/Title: owner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
10/13/2005 05:00
CK: 3767 CT: 148575 BH: 916767
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 92605