



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

2016 JAN 15 AM 8:43  
SECRETARY OF STATE  
STATE OF IDAHO

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

Teton Brain and Spine

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):

Teton Spine PLLC (W 142165) 333 N 18th Ave Ste B4 Pocatello, ID 83201

(Name) (Address)

Jonathan T Morgan DO 333 N 18th Ave Ste B4 Pocatello ID 83201

(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:

333 N 18th Ave Ste B4

(Name)

Pocatello ID 83201

(Address)

(City) (State) (Zipcode)

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

Amy Parslow

(Name)

978 Cahoon

(Address)

Pocatello ID 83201

(City) (State) (Zipcode)

Printed Name: Jonathan T Morgan DO

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/15/2016 05:00

CK:1061 CT:319062 BH:1509048  
1@ 25.00 = 25.00 ASSUM NAME #2

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