FILED

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

2005 DEC 29 PM 3:05
SECRETARY OF STATE
STATE OF IDAHO

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.**

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

   Pocatello Orthopaedics & Sports Medicine Institute

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

| Name | Complete Address |
|---|---|
| Idaho Orthopaedic Specialists, P.A. | 333 North 18th |
| C 108719 | Suite D-1 |
| | Pocatello, Idaho 83201 |

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☑ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

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:

   Idaho Orthopaedic Specialists, P.A.
   333 North 18th, Suite D-1
   Pocatello, Idaho 83201

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

   Fredrikson & Byron, Attn: Kimberly Mackie
   200 South Sixth Street, Suite 4000
   Minneapolis, MN 55402-1425

Phone number (optional): 612-492-7712

Signature: [signature] (signature required)

Printed Name: Vernon Espin

Capacity/Title: Secretary

(see instruction # 8 on back of form)

Secretary of State use only

pdocapplicationform\pdfcorp.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
12/29/2005 05:00
CK: 688991 CT: 172099 BH: 929219
1 @ 25.00 = 25.00 ASSUM NAME # 5

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