



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 MAR 17 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

SIPS

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 Pain Clinic, PLLC

(w 75312)

1327 W. Superior St, Ste A, Sandpoint, ID 83864

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

1327 W. Superior St, Ste A, Sandpoint, ID 83864

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

217 Cedar Street #230, Sandpoint, ID 83864

Signature: _____

Printed Name: J. Sorin Ispirescu

Capacity/Title: Managing Member

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

0169748

IDAHO SECRETARY OF STATE
03/17/2014 05:00
CK: 10500 CT: 294427 BH: 1415652
1 @ 25.00 = 25.00 ASSUM NAME # 2