

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name

98 JAN 12 AM 10:35
SECRETARY OF STATE
STATE OF IDAHO

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

Orthopaedic 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 is/are:

| <u>Name</u> | <u>Complete Address</u> |
|--|--------------------------------|
| <u>Intermountain Orthopaedic Specialists</u> | <u>333 North First Street,</u> |
| | <u>Suite 240-C</u> |
| | <u>Boise, Idaho 83702</u> |

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:

Intermountain Orthopaedic Specialists

ATTENTION BOBBIE BULSON

333 North First St., Ste 240-C

Boise, Idaho 83702

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

same as #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: 

Printed Name: Paul C. Collins, M.D.

Capacity: Director

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

01/12/1998 09:00
CK: 10637 CT: 92416 RH: 71804

1 @ 20.00 = 20.00 ASSUM NAME

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