

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 MAY 16 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

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

BOISE KETAMINE INSTITUTE

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):

BRIDGES INFUSION CLINIC, PLLC

(Name)

(Address)

1000 N CURTIS ROAD, SUITE 103B

(Name)

(Address)

BOISE IDAHO 83706.

(Name)

(Address)

W17883V

(Name)

(Address)

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

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

4. Mailing address for future correspondence:

AS IN #2

(Name)

(Address)

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: ANDREW R Catal

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/16/2017 05:00

CK:5071 CT:334956 BH:1584305
1@ 25.00 = 25.00 ASSUM NAME #2

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