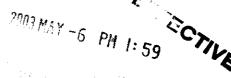


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Chale OF DAHO

Inland Northwe	st Spine Center
The true name(s) and business address(es) business under the assumed business name Name Name Inland Northwest Spine Center, PLLC	of the entity or individual(s) doing e: Complete Address 850 W. Ironwood Dr., #300 Coeur d'Alene, Idaho 83814
3. The general type of business transacted und	der the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 850 W. Ironwood Drive, Suite 300 Coeur d'Alene, Idaho 83814	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
 Name and address for this acknowledgmen copy is (if other than #4 above): 850 W. Ironwood Drive, Suite 101 	t Phone number (optional):
Coeur d'Alene, Idaho 83814	Secretary of State use only
gnature: By: (Signature required) inted Name: Jeffrey D. McDonald	Sed udersamo judos secretary of statement of the secretary of statement o
apacity/Title: Member	IDMO SECRETARY OF STAT 05/06/2003 05 CK: 4441 CT: 87354 IM: 67 1 0 25.00 = 25.00 ASSIM N

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