



# 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.**

**FILED EFFECTIVE**

**2003 AUG -4 A 9 30**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Americana Orthopaedics

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

Stanley J. Waters, M.D.

1673 W. Shoreline Dr., Suite 100  
BOISE, IDAHO 83702

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 |                                                              |

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

Americana Orthopaedics  
Stanley J. Waters, M.D.  
1673 W. Shoreline Dr., Suite 100  
BOISE, ID. 83702

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

Same

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

Phone number (optional):

208-322-0485

Signature: Dar Jakomeit

(signature required)

Printed Name: DAR JAKOMEIT

Capacity/Title: Office Manager

(see instruction # 8 on back of form)

Secretary of State use only

167652

IDAHO SECRETARY OF STATE  
**08/04/2003 05:00**  
CK: 4366 CT: 158818 BH: 694394  
1 @ 25.00 = 25.00 ASSUM NAME # 2