



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 FEB 24 AM 9:27

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:

Liljenquist Orthopaedic Surgery

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 Orthopaedic Surgery, P.C.

3405 Merlin Drive, Idaho Falls, ID 830404

C170443

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

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

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

Liljenquist Orthopaedic Surgery  
3405 Merlin Drive, Idaho Falls, ID 83404

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

\_\_\_\_\_  
\_\_\_\_\_

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

Signature: Wendy Liljenquist

Printed Name: Wendy Liljenquist

Capacity/Title: Secretary of Corporation

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/24/2014 05:00  
CK: 4359 CT: 293370 IN: 1412832  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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