

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2016 FEB 26 AM 9:19

SECRETARY OF STATE
STATE OF IDAHO

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

Inland Northwest Imaging

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):

The Orthopedic Surgery and Sports Medicine, LLC, 850 Ironwood Dr. Ste. 202, Coeur d'Alene

(Name) W15348 (Address)

ID, 83814

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Orthopedic Surgery and Sports Medicine, LLC
Attn: Roger C. Duntelman, M.D.

(Name)

850 Ironwood Drive, Suite 202

(Address)

Coeur d'Alene, ID 83814

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Roger C. Duntelman, M.D.

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/29/2016 05:00

CK:8884 CT:159758 BH:1515631

1@ 25.00 = 25.00 ASSUM NAME #2

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