



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JUL -1 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

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

Digestive Doctors & Surgeons

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):

Surgical Bariatrics Northwest 750 N. Syringa Street Ste . 205 Post Falls, ID. 83854-5275

(Name) (Address)

INCPA C135737

(Name) (Address)

(Name) (Address)

(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:

Surgical Bariatrics Northwest Inc. P.A.

(Name)

750 N. Syringa St. Ste. 205

(Address)

Post Falls ID 83854-5275

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: John L. Pennings M.D.

Signature: _____

Printed Name: John L. Pennings MD

Signature: _____

Printed Name: Teresa Fandel, MD

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/01/2016 05:00

CK:11021 CT:162241 BH:1535965

1@ 25.00 = 25.00 ASSUM NAME #2

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