



CERTIFICATE OF ASSUMED BUSINESS NAME FILE

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

99 FEB -2 AM 8:53

1. The assumed business name which the undersigned uses in the transaction of business is:

Mayes Physical Therapy

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Daryl Dean Mayes 414 N. Lincoln, Suite 2
Jerome, Idaho 83647

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional) 208-644-1433

Daryl D. Mayes, MHS, PT
414 N. Lincoln, Suite 2
Jerome, ID. 83647

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

Signature: Daryl D. Mayes
Printed Name: Daryl D. Mayes
Capacity: Owner

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

02/02/1999 09:00
CR: 2015 CT: 118522 BH: 184188

1 @ 20.00 = 20.00 ASSUM NAME # 2

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