



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

Filing fee: \$20.00 for manual processing (form must be typed).
(see Instructions for additional fees)*

For Office Use Only

-FILED-

File #: 0003588548

Date Filed: 7/18/2019 10:09:00 AM

1. The assumed business name is: North Idaho Physical Therapy
2. The assumed business name was filed with the Secretary of State's office on 03/25/1998 as file number D12447.
3. ☐ **Cancellation.** The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: _____
5. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add: ☒ Delete: ☐ Lakeland Physical Therapy and Sports Injuries, PA.
(Name) (Address)
Add: ☐ Delete: ☐ 16768 N Highway 41, Rathdrum Idaho 83858
(Name) (Address)
Add: ☐ Delete: ☐ _____
(Name) (Address)

6. ☐ The type of business is amended to:

<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate

7. ☐ Amend mailing address for future correspondence to:

(Name)

(Address)

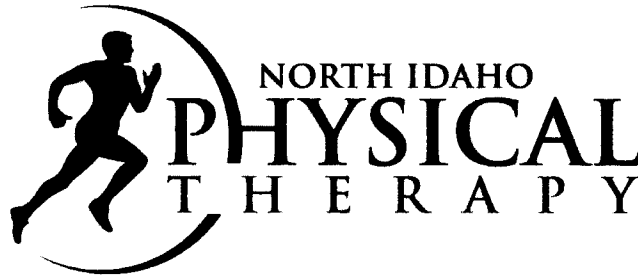
(City, State Zipcode)

8. Name and address for this acknowledgment copy is:

Shellman Inc PA
(Name)
1917 N Lakewood Dr.
(Address)
Coeur d'Alene Idaho 83814
(City, State Zipcode)

Printed Name: Justin T Kane
Signature: Justin T. Kane
Printed Name: _____
Signature: _____
Printed Name: _____
Signature: _____

Secretary of State use only



May 10, 2019

Office of the Secretary of State
450 N 4th Street
PO Box 83720
Boise, ID 83720-0080

To whom it may concern:

I, Justin T. Kane, President of Shellman, Inc. and also President of Lakeland Physical Therapy and Sports Injuries, P.A., do hereby give my consent to allow Lakeland Physical Therapy and Sports Injuries, P.A. to use the Assumed Business Name of **North Idaho Physical Therapy**. I have included with this letter the completed Amendment of Assumed Business Name form along with a check in the amount of \$30.00 as instructed. Should you have any questions concerning this request, please contact my business manager, Kathy Capaul, at 208-765-4185 or kathy@nipt.us. I give you my authorization to allow her to handle whatever is needed to complete this process.

Sincerely,

Justin T. Kane, President
(208) 659-6012
Justin@nipt.us