

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2015 FEB 10 AM 8: 14

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE

Printed Name: 71 No flay Schwalt 2 Capacity/Title: OWNER Signature:	The assumed business name which the ubusiness is: COMPREHENSIVE THERAPY SOLUTIONS	Indersigned use(s) in the transaction of
Retail Trade	business under the assumed business na Name	ame: Complete Address
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: COMPREHENSIVE THERAPY SOLUTIONS 11135 AUGUSTA DR. IDAHO FALLS, ID 83404 5. Name and address for this acknowledgment copy is (if other than #4 above): Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature function Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 82/10/2015 05:00 CK:2397 CT:306264 BH:1461142 16:25.00 = 25.00 ASSUM NAME #	Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities n Submit Certificate of
4. The name and address to which future correspondence should be addressed: COMPREHENSIVE THERAPY SOLUTIONS 11135 AUGUSTA DR. IDAHO FALLS, ID 83404 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: Inothy Amary IDAHO SECRETARY OF STATE 02/10/2015 05:00 CK: 2397 CT: 306264 BH: 1461142 16 25.00 = 25.00 ASSUM NAME #	-	
5. Name and address for this acknowledgment copy is (if other than #4 above): Signature: Linothy Alward Printed Name: Timo thy Schwaltz Capacity/Title: OWNER Secretary of State use only IDAHO SECRETARY OF STATE 82/18/2015 85:00 CK:2397 CT:306264 BH:1461142 16 25.00 = 25.00 ASSUM NAME #	correspondence should be addressed: COMPREHENSIVE THERAPY SOLUTIONS	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Signature: Linothy Above): Signature: Linothy Above): Printed Name: Timo flay Schwaif 2 Capacity/Title: OWNER Signature: CK: 2397 CT: 306264 BH: 1461142 16 25.00 = 25.00 ASSUM NAME #	IDAHO FALLS, ID 83404	208 334-2301
Signature: finothy femal IDAHO SECRETARY OF STATE Printed Name: 71 mo flay 5 chwal f 2 IDAHO SECRETARY OF STATE 82/16/2015 05:00 CK: 2397 CT: 306264 BH: 1461142 16 25.00 = 25.00 ASSUM NAME #		ent
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Signature: 16 25.00 = 25.00 ASSUM NAME # Printed Name:		02/10/2015 05:00
Printed Name:		- CK:2397 CT:306264 BH:1461142 16 25.00 = 25.00 ASSUM NAME #
	Capacity/Title:	D176667