



CERTIFICATE OF ASSUMED BUSINESS NAME

(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.

FILED
99 FEB 11 AM 8:52
SECRETARY OF STATE
STATE OF IDAHO

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

Inland Muscle Therapy

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

Name

Complete Address

David M. Lemke, CMT

1200 Ironwood Dr., Suite 101A

Coeur d'Alene, ID 83814

- 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 |

- The name and address to which future correspondence should be addressed: Phone number (optional): 208-667-3583

David M. Lemke, CMT

10864 N. Maple St.

Hayden, ID 83835

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

n/a

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

Signature: _____

Printed Name: David M. Lemke

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1/88

g:\comp\forms\labn.p65

Secretary of State use only
IDAHO SECRETARY OF STATE

02/11/1999 09:00
CK: 1131 CT: 110965 BH: 187109

1 @ 20.00 = 20.00 ASSUM NAME # 2

D23067