

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFESTI

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

02 JAN 15 AM 8: 41

UNITARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1 The assumed husiness name which the un	adoroignod upo/o) in the transport
1. The assumed business name which the unbusiness is: Therapy Connection	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Cindy K. Penner Dale M. Penner	of the entity or individual(s) doing e: <u>Complete Address</u> 1719 <u>Scorpio Dr. Nampa ID 83651</u> 1719 <u>Scorpio Dr. Nampa ID 83651</u>
3. The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Cindy K. Penner, C. M.T. 1719 Scorpio Dr. Nampa, DD 83651	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional): 208-880-4188
	Secretary of State use only
Signature: Chindy K. Penner, Ch.T. Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 91/15/2002 05:00 CK: 1858 CT: 155763 BH: 440184 1 2 28.08 = 29.08 ASSUM NAME # 2

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