



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

FILED EFFECTIVE

11 AUG 22 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

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

Therapy For Your Office

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

Name

Complete Address

Peter Jenko

950 W. Bannock, Suite 1100 Boise, Idaho 83702

Wendy Jenko

950 W. Bannock, Suite 1100 Boise, Idaho 83702

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Therapy For Your Office

950 W. Bannock, Suite 1100

Boise, ID 83702

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

Therapy For Your Office

12223 Highland Avenue, Suite 401

Rancho Cucamonga, CA 91739

Signature: Wendy Jenko

Printed Name: Wendy Jenko

Capacity/Title: Co-Owner

Signature: Peter Jenko

Printed Name: Peter Jenko

Capacity/Title: Co-Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
08/22/2011 05:00
CK: 2219 CT: 261788 BH: 1267548
1 @ 25.00 = 25.00 ASSUM NAME # 2

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