



# 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.**

**NOTE: See instructions on reverse before filing.**

01 JUL 20 AN 10:04

STATE OF IDAHO

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

Physical Therapy Center of Post Falls

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

<u>The Physical Therapy Center</u>	<u>1810 Schneidemiller, STE 301</u>
<u>of Post Falls, P.L.L.C.</u>	<u>Post Falls, ID 83854</u>
<u>(W-1219)</u>	

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	

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

% Michael J. Bibin, CPA, P.A.  
1620 NW Blvd., #B205  
Coeur d'Alene, ID 83814

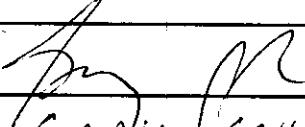
Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

(208) 664-6446

Signature: 

Printed Name: GRANLY SCHNEIDER

Capacity: MEMBER / MANAGER/owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\stat\formstat.p65  
Revised 01/2001

IDaho SECRETARY OF STATE  
07/20/2001 05:00  
CX: 3291 CT: 149853 BH: 408939  
1 0 20.00 = 20.00 ASSUM NAME # 3

D46957