



# 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 AM 10:04

SECRETARY OF STATE  
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

The Physical Therapy Center  
of Post Falls, P.L.L.C.

1810 Schneidemiller, STE 301  
Post Falls, ID 83854

(W-1219)

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: \_\_\_\_\_

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

*Garly Schneider*  
GARLY SCHNEIDER  
MEMBER / MANAGER / owner

Secretary of State use only

p:\corpforms\lbn form\lbnr.p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
07/20/2001 05:00  
CK: 3291 CT: 149053 BK: 400939  
1 @ 20.00 = 20.00 ASSUM NAME # 3

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