



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

02 JUN 10 AM 11:34

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Therapy Center of Idaho

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

<u>Name</u>	<u>Complete Address</u>
<u>Therapy Center of Idaho</u>	<u>9795 W. Countryman Dr</u>
<u>Todd A. Watts</u>	<u>Boise ID 83707</u>
<u>DORR R. Rademacher</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:

Same as above

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

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

Phone number (optional):

(208) 941-0639

Secretary of State use only

Signature: Todd Watts

Printed Name: Todd Watts

Capacity/Title: co-owner/partner

(see instruction # 8 on back of form)

g:\corp\forms\ain forms\ain.p65
Revised 12/2001

IDAHO SECRETARY OF STATE
06/10/2002 05:00
CK: CASH CT: 156018 BH: 470529
1 @ 20.00 = 20.00 ASSUM NAME # 2

D55605