



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.

2012 SEP 18 PM 12:45
SECRETARY OF STATE
STATE OF IDAHO

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

~~Alpine Physical Therapy Center, P.C.~~

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

Timberlake Physical Therapy
ALPINE PHYSICAL THERAPY CENTER, P.C.
(C164717)

6186 W. Maine
Spirit Lake, ID

83869

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:

Alpine Physical Therapy Center, P.C.
P.O. Box 3115
Hayden, ID 83835

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

Signature: _____

Printed Name: Gary Schneider

Capacity/Title: president

Signature: Rae Schuster

Printed Name: Rae Schneider

Capacity/Title: secretary

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

Secretary of State use only

IDAHO SECRETARY OF STATE
09/18/2012 05:00
CK: 1136013 CT: 172899 BH: 1348331
1 @ 25.00 = 25.00 ASSUM NAME # 5

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