



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2017 DEC 18 AM 9:18**

SECRETARY OF STATE  
STATE OF IDAHO

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

ActiveNW Physical Therapy & Wellness

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

ActiveNW, LLC

3126 W. Blueberry Circle, Hayden, ID 83835

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐

Retail Trade

☐

Construction

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Mining

☒

Services

☐

Manufacturing

☐

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Neil D. Morris

(Name)

3126 W. Blueberry Circle

(Address)

Hayden, ID 83835

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Neil Morris, Member

Signature: *Neil Morris*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**12/18/2017 05:00**

CK:6228 CT:69601 BH:1616829

1@ 25.00 = 25.00 ASSUM NAME #3

**D199061**