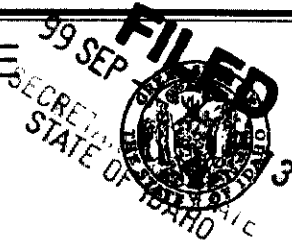


# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.



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

Action Physical Therapy

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

Name	Complete Address
<u>Jerry Blakely II</u>	<u>2921 Legendsparkway #304</u>
	<u>Locust Grove ID- 83814</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

5320 Action Physical Therapy  
5320 Inverness Dr.  
Post Falls ID. 83854

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

Same as 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

Signature: Jerry Blakely II

Printed Name: Jerry Blakely II

Capacity: Founder/owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

09/01/1999 09:00  
 CK: 784 CT: 119992 DH: 246700

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 28854