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.

FILED/EFFECTIVE
03 MAR 13 AM 10: 33
STATE OF IDAHO

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

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
Julia Thompson	5225 N Blackbird Wy Boise ID 83703

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

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

4. The name and address to which future correspondence should be addressed:
   Jill Thompson
   5225 N Blackbird Wy
   Boise ID 83703

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

Phone number (optional):
(208) 841-7544

Secretary of State use only

Signature: Jill Thompson
Printed Name: Julia Thompson
Capacity/Title: sole proprietor
(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
03/13/2002 05:00
CK: 7389 CT: 158810 BH: 451827
1 @ 20.00 = 20.00 ASSUM NAME # 2

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