



ASSUMED BUSINESS NAME

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

FILED EFFECTIVE

2015 APR -1 AM 8:51

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

CEDAR VIEW 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
<u>DAN DESFOSSES, PT, DPT</u>	<u>2181 SATTERFIELD DR.</u>
	<u>POCATELLO, ID 83201</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:

DAN DESFOSSES, PT, DPT
2181 SATTERFIELD DR.
POCATELLO, ID 83201

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

Signature: Dan Desfosses, PT, DPT
Printed Name: DAN DESFOSSES, PT, DPT
Capacity/Title: OWNER, SOLE PROPRIETOR
Signature: _____
Printed Name: _____
Capacity/Title: _____

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
04/01/2015 05:00

CK:271 CT:308386 BH:1468815
1@ 25.00 = 25.00 ASSUM NAME #2

208-251-8341

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