



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**

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:

SCHMITT ENTERPRISES dba: BLACKFOOT 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>SCHMITT ENTERPRISE</u>	<u>285 W FRANCES</u>
<u>dba: BLACKFOOT PHYSICAL THERAPY</u>	<u>Blackfoot, ID 83221</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  
Phone number (optional) (208) 785-0123

SAME AS ABOVE

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

Submit Certificate of Assumed Business Name and \$20.00 fee to

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83721  
Boise ID 83720-0080  
208 334-2301

Signature

Dustin C. Schmitt

Printed Name:

DUSTIN C. SCHMITT

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/29/1999 09:00  
CK: 11035 CT: 114789 BH: 211092

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 25529

Revision 1/00  
ID-504 (Rev. 1/00)