CANADA CA



Capacity/Title: <u>Ø W η ℓ</u>

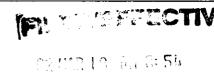
(see instruction # 8 on back of form)

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.



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The assumed business name which the undersigned use(s) in the transaction of	
business is: Sports Therapy	Clinic
 The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: 	ntity or individual(s) doing
Stan E. Fernandez 10	Complete Address 3 South 4th Street
Coev	r d'Alone ID 83814
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
Same as #2	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 - ((67 - 2727)
	Secretary of State use only
Signature: M 1002/10	
Printed Name: Itah E. Fernandez	

IDAHO SECRETARY OF STATE

03/18/2002 05:00

CK: 1 CT: 158010 BH: 452650

1 8 20.00 = 20.00 ASSUM NAME # 2

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