

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 AUG 28 AM 9: 30

	1 ming ice. \$25.00.		ZUIT NOO	20 10.000							
1.	SECRETARY OF STATE The assumed business name which the undersigned use(s) in state to business is:										
	Hayden Lake Physical Therapy and Aquatics										
											
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):										
		er Drive, Coeur d Alene, ID 83814									
	(Name) Therapy, PA (105673)										
	(Name) (Address)										
	(Name) (Address)	·····	· · · · · · · · · · · · · · · · · · ·	· ·							
	(Name) (Address)										
3.	Wholesale Trade Agric	under the truction ulture facturing	☐ Transp ☐ Mining	ortation and Public t							
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):										
	Hayden Lake Physical Therapy & Aqua	ics		·							
	(Name) 1088 W. Prairie Ave.		(Name)		***************************************						
	(Address)		(Address)								
	Coeur d Alene, ID 83815 (City) (State) (Zi	code)	(City)	(Chota)							
	(Oly) (Olare) (Zi	code)	(City)	(State)	(Zipcode)						
Printed Name: Dirk Burd			Secretary of State use only								
Signature:			IDAHO SECRETARY OF STATE 08/28/2017 05:00 CK:21922 CT:344798 BH:1600171 16 25.00 = 25.00 ASSUM NAME #2								
						Prin	nted Name:			DI IDIO	

Rev. 08/2015