227 CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 11 2: AH :90 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: no Therapy Trotessional 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name KURSE S371 Z Kchest 2503 2203 W. Stet BOJE 83702. Scott  $\sim$ 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities **Retail Trade** Manufacturing Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_\_\_\_ correspondence should be addressed: Chert Submit Certificate of Assumed Business St 720 Name and \$20.00 fee to: 83702-Suise Secretary of State 700 West Jefferson Name and address for this acknowledgment. Basement West COPY IS (if other than #4 above). PO Box 83720 Boise ID 83720-0080 Some as 208 334-2301 Secretary of State use only **IDAHO SECRETARY OF STATE** Revision 09/14/1998 09:00 CK: 1130 CT: 183984 DH: 144946 Signature: \_( 1 0 20.00 = 20.00 ASSUM WANE # 2 Printed Name: <u>5</u>84 #D 18226 corpViorms\abn. Capacity: Tr e instruction # 8 on back of form)

0.000	FRENCH.	-3	COMPAREMENTS.
-tu. ""thi-	State and the second second	- 10 M	The second second

a scollimne dd. cynull y