

CERTIFICATE OF ASSUMED BUSINESS NAME

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



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.

2002 AUG 22 AM 9:15

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

BURLEY 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

CRAE T. BERRETT

1263 Bennett #2

Burley, ID 83318

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): _____

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

D.L. EVANS BANK

BOX 87

TWIN FALLS, IDA. 83303

Signature: Crae Bennett

Printed Name: Crae Bennett

Capacity: owner

(see instruction # 8 on back of form)

SOS ACKT # 24085

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

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

Secretary of State use only

Revision 2/97

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IDAHO SECRETARY OF STATE
08/22/2002 05:00
CK: none CT: 24085 BH: 484179
1 @ 20.00 = 20.00 ASSUM NAME # 2

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