## CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO

a	Pursuant to Section 53-50 doption of an Assumed Busines	14, Idaho Co ss Name.	de, the utidersigned give	es notice of
1.	1. The assumed business name which the undersigned use(s) in the transaction of business is:			
	<u>Kellogg</u> F	Physica	1 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:			
	Scott L. Han		740 MCkinky 1	ess Fue Kellogg, Pal 89837
				:
3.	The general type of business transacted under the assumed business name is:			
	Services			, ,
	See categories on the reverse			
4.	4. The name and address to which correspondence should be addressed:  Scott Hall 740 mckinley Ave Kellogg, ±0 83837			
		Signed	Scott Hall	
	***	Capacity_	Owner / operato	٢
	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee	to:	Customer #	Y OF STATE
7 F	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080		CK: 4651 CT: 186	