



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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

98 JUL 13 AM 9:24

SECRETARY OF STATE

1. The assumed business name which the undersigned use(s) is/are:

Performance Physical Therapy and Sports Medicine Clinic

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
<u>BRAD D. PEARSON</u>	<u>1650 S. Woodruff Suite B</u>
<u>mpt / CSCS</u>	<u>Idaho Falls, ID 83404</u>
	<u>(208) 529-9122</u>

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) (208) 529-9122

BRAD D. PEARSON, mpt CSCS  
1650 S. Woodruff Suite B  
Idaho Falls, ID 83404

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: [Signature]

Printed Name: BRAD D. PEARSON

Capacity: Sole Proprietor

(see instruction # 8 on back of form)

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

IDAHO SECRETARY OF STATE

07/13/1998 09:00  
EX: 1037 CT: 101340 IN: 127253

10 20.00 = 20.00 AGAIN NAME

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