

FILED EFFECTIVE

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 JUN 17 PM 12:49

SECRETARY OF STATE  
STATE OF IDAHO

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

Cornerstone Physical Therapy

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Christina Rust, DPT, &amp; Associates, P.C.</u>	<u>302 S. 1st Ave Suite C.</u>
<u>C152641</u>	<u>Sandpoint, Idaho</u>
	<u>83864</u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

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

4. The name and address to which future correspondence should be addressed:

Cornerstone Physical Therapy  
302 S. 1st Ave Suite C  
Sandpoint, ID 83864

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

Phone number (optional):

208-265-0610

Signature: Christina M. Rust, DPT

Printed Name: Christina M. Rust, DPT

Capacity/Title: owner / president

(see instruction # 6 on back of form)

Secretary of State use only

g:\cert\business\form\assum\assum.pdf  
Revised 10/4/2003

IDAHO SECRETARY OF STATE  
06/21/2005 05:00  
CK: 556775 CT: 172099 BH: 817159  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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