

Capacity/Title: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2005 OCT -4 MM 9: 016

STATE OF 10440

Please type or print legibly. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Wender Physical therapy & 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: Complete Address 128 5 " Aw West IO 83338 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture ✗ Services Submit Certificate of Mining **Assumed Business** Manufacturing Name and **\$25.00** fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 87338 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): 208324-3090 Secretary of State use only Signature: 400 Printed Name:

IDAHO SECRETARY OF STATE 10/04/2006 05:00 CK: 1235 CT: 158810 BH: 978615 8 25.00 = 25.00 ASSUM NAME # 2