

**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.**

**FILED EFFECTIVE**

**09 APR 23 AM 8:48**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

*Gittleson's Therapy*

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

Name  
*Samantha  
 Layne  
 Gittleson*

Complete Address  
*205 Beach St.  
 Salmon, ID  
 83467*

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

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

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

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

*Samantha Layne Gittleson  
 205 Beach St.  
 Salmon, ID  
 83467*

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

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

Phone number (optional):

*208-867-5853*

**Secretary of State use only**

Signature: *Samantha Gittleson*  
(signature required)

Printed Name: *Samantha Gittleson*

Capacity/Title: *Owner*

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE  
 04/23/2009 05:00  
 CK: 1623 CT: 236430 BH: 1167336  
 1 F 25.00 = 25.00 ASUM NAME # 2

*D130138*