



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 MAY -5 AM 9:10

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Physical Therapy 180°

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>Jill Thompson Physical Therapy</u>	<u>4477 W Emerald St</u>
<u>(C150381)</u>	<u>Suite C125</u>
	<u>Boise ID 83706</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 | |

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

Physical Therapy 180° ATTN: Jill Thompson
4477 Emerald St, Ste C125
Boise, ID 83706

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

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

Phone number (optional):

(208) 343-7700

Secretary of State use only

Signature: *Julia Thompson*

Printed Name: Julia Thompson

Capacity/Title: president/owner

(see instruction # 8 on back of form)

Idaho forms are for sale only
Revised 04/2003

IDAHO SECRETARY OF STATE
05/05/2006 05:00
CK: 2719 CT: 199987 BH: 953191
1 @ 25.00 = 25.00 ASSUM NAME # 2

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