



# 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.

99 OCT 13 AM 8:19  
STATE OF IDAHO

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

Pro Active Physical Therapy

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

<u>Name</u>	<u>Complete Address</u>
<u>Raulan Young</u>	<u>1123 E 16th St</u>
	<u>Burley, ID 83318</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:

Pro Active Physical Therapy  
1123 E 16th

Phone number (optional): 208-677-3659

Burley, ID 83318

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

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

10/18/1999 09:00  
CK: 1398 CT: 121817 BH: 258585

1 @ 20.00 = 20.00 ASSUM NAME # 2

D30059

Signature: Raulan Young

Printed Name: Raulan Young

Capacity: Physical Therapist / owner

(see instruction # 8 on back of form)