



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 NOV 23 AM 9:43

SECRETARY OF STATE
STATE OF IDAHO

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

River of no Return Physical Therapy

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Physical Therapy Clinic, Inc. PO Box 1107 Salmon ID
(Name) (C131319) (Address) 83467

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade
☐ Wholesale Trade
☒ Services

☐ Construction
☐ Agriculture
☐ Manufacturing

☐ Transportation and Public Utilities
☐ Mining
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

ZhohnAnn Thayn
(Name)
PO Box 1107
(Address)
Salmon ID 83467
(City) (State) (Zipcode)

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

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: ZhohnAnn Thayn

Signature: ZhohnAnn Thayn

Printed Name: Tyler Thayn

Signature: Tyler Thayn

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/24/2015 05:00

CK:1668 CT:317194 BH:1501710
1@ 25.00 = 25.00 ASSUM NAME #2

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