

227



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.

08 JAN 11 AM 8:19
SECRETARY OF STATE
STATE OF IDAHO

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

St Anthony Rehabilitation

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

Name
PMD Therapies PLLC

Complete Address
669 pioneer road suite 200

W 33534

Rexburg, Id 83440

- 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 | |

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

669 pioneer road suite 200
Rexburg Idaho 83440

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0060

(208) 334-2301

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

Signature:

[Signature]

Printed Name:

Paul M Dye

Capacity/Title:

Manager PMD Therapies PLLC

(see instruction # 5 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
01/11/2008 05:00
CK: 1632 CT: 221389 BH: 1094199
1 @ 25.00 = 25.00 ASSUM NAME # 2

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