

CERTIFICATE OF ASSUMED BUSINESS NAME

97 OCT 22 AM 10:18

To the SECRETARY OF STATE, STATE OF IDAHO

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.

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

Caribee 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>Address</u>
<u>PAULA LUND</u>	
<u>TODD ANDERSEN</u>	<u>913 OAK</u>
	<u>Sandpoint, Idaho 83864</u>

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

Physical Therapy - Services

See advertisement on the reverse

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

1005 Hwy 2 West
Sandpoint, Idaho 83864

Signed Paula Brown 0-17-97

By PAULA LUND SOLE PROPRIETOR

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Customer

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Secretary of State use only

IDAHO SECRETARY OF STATE

10/22/1997 09:00

1.00 29.99 = 28.99 ASSUM NAME

卷之三

D 934