

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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.

(see instruction #8 on back of form)

The assumed business name which the undersigne	d use(s) in the transaction of
business is:	
Corrective Muscle Ther	αρ4
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Lorie Ann Vesterby, NMT 1-ac	
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Lorie Vesterby, NMT 10218 N. Maple St. Hayden, TO 83835 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COpy is (if other than # 4 above):	(208) (699-4416
	Secretary of State use only
Signature: <u>Asie O. Vesterby</u> Printed Name: <u>Lorie A. Vesterby</u> Capacity/Title: Owner	IDAHO SECRETARY OF STATE 11/27/2002 05:00 CK: 3140 CT: 158010 BH: 648418 1 8 20.00 = 20.00 ASSUM NAME # 2

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