

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 MAY 27 AH 8: 43

Tall of the

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Eagle Physical Therapy	
2. The true name(s) and business address(es) of the business under the assumed business name:	ne entity or individual(s) doing
Name	Complete Address
Rebound Physical Therapy, PC	176 W. Sutter Dr.
	Eagle, ID 83616
C160285	
The general type of business transacted under the Retail Trade Transportation and	
Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Randy Langley 176 W. Sutter Dr. Eagle, ID 83616	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
 Name and address for this acknowledgment copy is (if other than # 4 above). 	208-939-3332
gnature:	Secretary of State use only IDAHO SECRETARY OF STATE 95/27/2005 95:90