CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Capacity:

(see instruction #6 on other sheet)

	UMED BUSINESS NAME See instructions on other page) dersigned tes Name. Igned uses in the transaction of
CERTIFICATE OF ASS	UMED BUSINESS NAME
(Please type or print legibly.	See instructions on other page)
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To the SECRETARY OF STATE, STATE OF IDAHO	38 APR 22
Pursuant to Section 53-504, idaho Code, the undersigned Gives notice of adoption of an Assumed Business Name.	
Gives nonce of adoption of an Assumed Busine	A OF CO
1. The assumed business name which the unders	igned uses in the transaction of
princes is:	
Southern Idaho Therapy Services	
2. The true name(s) and business address(es) of t	he entity or individual(s) doing
Business Is/are:	
<u>Name</u> D. Dean Mayes	Complete Address 682 Cindy Drive, Twin Falls, ID 83301
Jerry L. Alken	2523 9th Avenue East, Twin Falls, ID 83301
Scott R. Bloxham	,
Scott R. Bioxnam	545 Cedar Drive, Burley, ID 83318
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufac	
Wholesale Trade Agricult	
X Services Constru	ction Mining
4. The name and address to which future	Phone number (optional):
Correspondence should be addressed:	***
Southern Idaho Therapy Services	Submit Certificate of
564 Shoup Avenue West	Assumed Business
Twin Falls, ID 83301	Name and \$20.00 fee to:
	Sacretory of State
5. Name and address for this acknowledgement Copy is (if other than #4 above):	Secretary of State 700 West Jefferson
FIRST SECURITY BANK N.A.	Basement West
COMMERCIAL LOAN DOCUMENTATION	J
P.O. BOX 8203	Boise ID, 83720-0080
BOISE, IDAHO 83707	(208) 334-2301
X deat R Bloch	
Signature: D. Dem Mayes	Secretary of State Use Only
X genz Jhu	
D. Dean Mayes/Jefry L. Aiken/ Printed Name: Scott R. Bioxham	
Printed Name: Scott R. Bloxham All are General Partners	

IDANO SECRETARY OF STATE

04/23/1998 69:66 CK: 796299883 CI: 66269 BH: 183667

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