



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2001 MAR 16 A 10:15

CLERK OF STATE
STATE OF IDAHO

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

Focus Physical Therapy

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

Name	Complete Address
<u>Michael Devitt Physical</u>	<u>1003 N 13th St</u>
<u>Therapy P.A.</u>	<u>Boise ID 83702</u>
<u>(C-124787)</u>	

3. 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 | |

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

Focus Physical Therapy
1003 N 13th St
Boise ID 83702

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

SAME
2
[Signature]

Signature:

(Signature required)

Printed Name: Michael Devitt

Capacity/Title: President

(see instruction # 8 on back of form)

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):

208 367 1528

Secretary of State use only

079144

IDAHO SECRETARY OF STATE
08/16/2004 05:00
CK: 4297 CT: 158010 BH: 761167
1 @ 25.00 = 25.00 ASSUM NAME # 2