

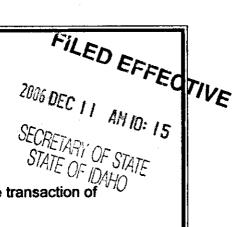
CERTIFICATE OF ASSUMED BUSINESS NAME

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)



Corrective Injury Care	
. The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Roberta A. Groth	7056 W.State Street
	Garden City, Idaho 83714
The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture	ublic Utilities Submit Certificate of
☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Roberta A. Groth	PO Box 83720
7056 W. State Street	Boise ID 83720-0080
Garden City, Idaho 83714	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	(208) 921-5542
	Secretary of State use only
ature: Roberta A. Groth acity/Title: Certified Massage Therapist	
ted Name: Roberta A. Groth	

IDAHO SECRETARY OF STATE
12/11/2006 05:00
CK: 1848 CT: 158818 BH: 1818724
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