



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.

JUL 20 AM 10:04
SECRETARY OF STATE
STATE OF IDAHO

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

Physical Therapy Center of Hayden

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

The Physical Therapy Center

8181 Cornerstone Dr

of Post Falls, P.L.L.C.

Hayden, ID 83835

(W-1219)

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:

% Michael J. Bibin, CPA, P.A.

1620 NW Blvd., #B205

Coeur d'Alene, ID 83814

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

(208) 664-6446

Secretary of State use only

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
07/20/2001 05:00
CK: 3291 CT: 149053 BH: 400939
1 @ 20.00 = 20.00 ASSUM NAME # 4

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