



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.

FILED EFFECTIVE

07 NOV -2 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

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

PAYETTE RIVER 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

GEM REHABILITATION SERVICES, P.C.

101 E LOCUST ST., Suite B

P.O. BOX 205

HORSESHOE BEND, IDAHO 83629

HORSESHOE BEND, IDAHO 83629

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:

PAYETTE RIVER PHYSICAL THERAPY/GAYLE

P.O. BOX 205

HORSESHOE BEND, IDAHO 83629

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Elizabeth Gayle Fry

(signature required)

Printed Name: ELIZABETH GAYLE FRY

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/02/2007 05:00
CK: 13627 CT: 219207 BH: 1083581
1 @ 25.00 * 25.00 ASSUM NAME # 2

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