

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

10 JUL 12 AM 8:17

SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: NORTH IDAHO PHYSICAL THERAPY
2. The assumed business name was filed with the Secretary of State's Office on 02/25/1998 as file number D12447
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: _____
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. ☐ The type of business is amended to read:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
7. ☒ The name and address to which future correspondence should be addressed is changed to read:
1917 NORTH LAKEWOOD DRIVE, COEUR D ALENE, ID 83814

8. Name and address for this acknowledgment copy is:

SHELLMAN, INC. P.A.

1917 NORTH LAKEWOOD DRIVE

COEUR D ALENE, ID 83814

Signature: Justin T. Kane

Printed Name: JUSTIN T KANE

Capacity: PRESIDENT

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/12/2010 05:00
CK: 10424 CT: 249536 BH: 1230147
1 @ 10.00 = 10.00 ASSUM AMEN #