



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 JUL 13 AM 10:10

SECRETARY OF STATE
STATE OF IDAHO

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

Physical Therapy Billing Service

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Marceleine Magnone

PO Box 943

Rexburg

ID 83440

(Name)

(Address)

(City)

(State)

(Zip Code)

(Name)

(Address)

(City)

(State)

(Zip Code)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Marceleine Magnone

PO Box 943

Rexburg

ID 83440

(City)

(State)

(Zip Code)

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

(Name)

(Address)

(City)

(State)

(Zip Code)

Printed Name: Marceleine Magnone

Signature:

Printed Name: Marcelle

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/13/2015 05:00

CK: 8191 CT: 312305 BH: 1483503

1@ 25.00 = 25.00 ASSUM NAME #2

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