



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 FEB -4 AM 9:02

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Idaho Spine & Sports 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

ZRJ INC

Complete Address

1925 MEADOW WOOD ST

MERIDIAN, ID 83642

C143142

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:

ROBERT BRET ADAMS

7149 W EMERALD ST

BOISE, ID 83704

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

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

25

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

Phone number (optional):

208-322-4344

Secretary of State use only

Signature: Robert B. Adams

(signature required)

Printed Name:

ROBERT BRET ADAMS

Capacity/Title:

OWNER / CEO

(see instruction # 8 on back of form)

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Revised 01/2001

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IDAHO SECRETARY OF STATE

02/10/2004 05:00

CK: 2056 CT: 158010 BH: 726601

1 @ 25.00 = 25.00 ASSUM NAME # 2

FILED

2004 FEB 10 AM 8:43