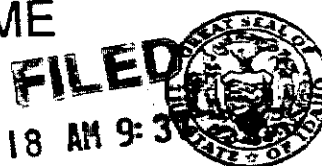


# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.



SECRETARY OF STATE  
STATE OF IDAHO

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

MUNNING PHYSICAL THERAPY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name NICHOLAS A. MUNNING Complete Address P.O. Box 1056  
SALMON, ID 83467-1056

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed:

MUNNING PHYSICAL THERAPY  
P.O. Box 1056  
SALMON, ID 83467-1056

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

SAME

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

Signature:

Nicholas A. Munning

Printed Name:

NICHOLAS A. MUNNING

Capacity:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

03/18/1998 09:00  
CK: 899 CT: 95878 BH: 31944

1 @ 20.00 = 20.00 ASSUM NAME

D13158

Revision 2/87

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