

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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:

North Idaho 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

Shellman, Inc., P.A.

Complete Address

950 Ironwood Dr., Ste 5, Coeur d'Alene, ID 83814

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: Phone number (optional): _____

Shellman, Inc., P.A.

950 Ironwood Drive, Suite 5

Coeur d'Alene, ID 83814

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

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

Mountain West Savings Bank, F.S.B.

125 Ironwood Drive / P.O. Box 1059

Coeur d'Alene, ID 83816-1059

Secretary of State use only

IDAHO SECRETARY OF STATE

02/25/1998 09:00
CK: 27893 CT: 23883 BH: 85165

1 @ 20.00 = 20.00 ASSUM NAME

Signature: Lee C. ShellmanPrinted Name: Lee C. ShellmanCapacity: President

(see instruction # 8 on back of form)

Revision 297

Information for Form 100

D124N7