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 E		1
	The assumed business name which the und business is:	lersigned use(s) in the transac	tion of
	Michael R Dusbabek Y	hysical Therapist	
2.	The true name(s) and business address(es) business under the assumed business name Name Name Norbabek	e is/are: Complete Address	က
3.	The general type of business transacted und	der the assumed business nar	ne is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Transportation and P Finance, Insurance, a Mining	
4.	The name and address to which future correspondence should be addressed:	Submit Certificat	e of
	Michael R. Dusbabek	Assumed Busine Name and \$20.0	ess .
	CoevalAlenc Id83814	Secretary of Sta 700 West Jeffers	.li
5.	Name and address for this acknowledgmen	Basement West	
	copy is (if other than # 4 above): Same cs above	Boise ID 83720- 208 334-2301	0080
		Secretary of State of	- \
		IDANO SECRETARY OF 6	
Signat	ure: ///)	1 \$ 28.08 = 28.86	ASSUM NAME # 2
Printed Name: Dushabek, Michael R		D 21	816
Capac	sity: przsident (owner)	formsva	

(see instruction # 8 on back of form)