

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
Instructions are included on back of application.

FILED EFFECTIVE

11 JUN 29 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

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

METAMORPHOSIS

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

Name

Complete Address

Christine E. Merritt, P.T.

3217 WEST BAVARIA

EAGLE, ID 83616

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Christine E. Merritt, PT
3217 WEST BAVARIA
EAGLE, ID 83616

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

Christine E. Merritt
1374 E. RIVERS END DRIVE
EAGLE, ID 83616

Signature: Christine E. Merritt

Printed Name: CHRISTINE E. MERRITT

Capacity/Title: Physical Therapist

Signature: Christine E. Merritt

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/29/2011 05:00

CK: 3568 CT: 260230 BH: 1200472

1 @ 25.00 = 25.00 ASSUM NAME # 2

D148633