

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 NOV 10 AM 9: 30

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

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(es business under the assumed business named	ne:
<u>Name</u>	Complete Address
Tahi Physical Therapy PLLC	3345 Merlin Drive Suite 100, Idaho Falls, Idaho 834
WK4182	
The general type of business transacted up	nder the assumed business name is:
Retail Trade Transportation	n and Public Utilities
Services Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business
Finance, insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Tahi Physical Therapy	PO Box 83720
3345 Merlin Drive Suite 100	Boise ID 83720-0080
Idaho Falls, Idahi 83404	208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
COPY 13 (if other trials # 4 above).	
	Secretary of State use only
gnature: Juny Brun	IDAHO SECRETARY OF STATE
inted Name: Jewmy Tahi Brown	11/10/2014 05:00
1/ -	CK:1049 CT:303041 BH:1448
apacity/Title: Owner	16 25.00 = 25.00 ASSUM NAM
gnature:	
inted Name:	
apacity/Title:	D174878