

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2008 JAN 23 AM 10:2

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

In Touch Physical Therapy

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

Name

In Touch Rehabilitation Services, PLLC

Complete Address

3015 Sand Trap Court, Post Falls, ID 83854

W61411

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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Brad Sharples-Faucher

3015 Sand Trap Court

Post Falls, ID 83854

Phone number (optional):

(208) 755-0855

Signature:

(signature required)

Printed Name: Brad Sharples-Faucher

Capacity/Title: Member

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
01/23/2008 05:00
CK: NONE CT: 24485 BH: 1096895
1 0 25.00 = 25.00 ASSUM NAME # 2

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