

STATE OF MONTANA

APPLICATION for REGISTRATION,
RENEWAL or CANCELLATION of
ASSUMED BUSINESS NAME



MAIL TO: MIKE COONEY
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
☐(406)444-3665

Prepare, sign, and submit an original and copy with fee.
This is the minimum information required.

(For use by the Secretary of State only)

STATE OF MONTANA
FILED NB
042852 NOV 1 1994
SECRETARY OF STATE

Form: ABN-1
Filing Fee: \$5.00

Alco59
610-8 + \$20.00 priority

PLEASE CHECK ONE BOX:

- ☐ Registration of ABN(30-13-203, MCA)
☒ Cancellation of ABN(30-13-213, MCA)

☐ Renewal of ABN(30-13-207, MCA)

► **FIRST:** The Assumed Business Name is Valley Physical Therapy

► **SECOND:** The description of the business transacted under the Assumed Business Name:

conduct the business of physical therapy

► **THIRD:** The name of Montana county or counties in which business is transacted:

☒ ALL (Ensures statewide registration)

☐ OTHER: (Please list) _____

► **FOURTH:** The name and address of the applicant are as follows:

Name _____

Mailing Address _____

Zip Code _____

► **FIFTH:** For ABN Registration, the date the applicant intends to start business: _____

► **SIXTH:** The applicant is (check one and complete where appropriate):

☐ An Individual

☒ A Partnership, and the names and addresses of the partners are:

Joyce F. Dougan, 929 S.W. Higgins, Missoula, MT 59801

Timothy A. Nielsen, 929 S.W. Higgins, Missoula, MT 59801

Clarisse R. Landry, 929 S.W. Higgins, Missoula, MT 59801

☐ A Corporation

☐ A Limited Liability Company

☐ Other _____

► **I, HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this Application are true.

October 28, 1994

Date of Application

X Tim Nielsen
Signature of Applicant