



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2015 AUG -5 AM 8:38**

SECRETARY OF STATE  
STATE OF IDAHO

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

Ideal Spine Health Center Boise

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Ideal Health Inc      11678 W. Hazeldale Ct      Boise      ID      83713

(Name) (C196612) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Ideal Spine Health Center

(Name)

8505 W. Overland Rd.

(Address)

Boise

ID

83709

(City)

(State)

(Zipcode)

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

Shelly Betz

(Name)

11678 W. Hazeldale Ct

(Address)

Boise

ID

83713

(City)

(State)

(Zipcode)

Printed Name: Shelly Betz

Signature: Shelly Betz

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/05/2015 05:00**

CK:3372 CT:276530 BH:1486744

18 25.00 = 25.00 ASSUM NAME #2

D180669