

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Integrative Health Clinic / Services

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

Name

Address

Dr. Jason D. West

755 Hospital Way A-3

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

Chiropractic - Acupuncture, Homeopathy, Nutritional Intervention  
See categories on the reverse

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

Dr. Jason West - West Health Clinic

755 Hospital Way A-3  
Pocatello ID 83201

Signed Jason D. West

By \_\_\_\_\_

Capacity \_\_\_\_\_

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

334-2300

Customer # \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/01/2002 05:00  
CK: 1934 CT: 161563 BH: 474716  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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