



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2007 JUN 18 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

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

De Melo Chiropractic

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

Name

C153198

Complete Address

Alves Family Chiropractic, Inc.

1057 N. Booth Ave.

FRANCES E. ALVES, D.C. - maiden name

Meridian, Id 83646

Frances E. Alves De Melo, D.C. - married name

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 | |

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

12375 Chinden Blvd. Ste. H
Boise, Id 83713

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)

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

1057 N. Booth Ave.
Meridian, Id 83646

Phone number (optional):

Signature: Frances De Melo DC
(signature required)

Printed Name: FRANCES DE MELO, D.C.

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

0112491

IDAHO SECRETARY OF STATE
06/19/2007 05:00
CK: 1356 CT: 214524 BH: 1060764
1 @ 25.00 = 25.00 ASSUM NAME # 2