

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

2003 FEB 10 AM 9:05



Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

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

Anderson Chiropractic Health And Fitness Center

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

Complete Address

Ryan W. Anderson

45 West Center Soda Springs, ID 83276

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): _____

Ryan W. Anderson

45 West Center

Soda Springs, ID 83276

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

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

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

Secretary of State use only

Signature: _____

Printed Name: Ryan W. Anderson

Capacity: Owner

(see instruction # 8 on back of form)

Revised 2/97

Surplines 1/01/01

IDAHO SECRETARY OF STATE
02/10/2003 05:00
CK: 7341 CT: 158010 BH: 661923
1 @ 20.00 = 20.00 ASSUM NAME # 2

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