



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2016 OCT 13 AM 9:33

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

Nampa Accident & Injury Center

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):

Olsen Chiropractic & Performance Enhancement P.A.
(Name) (Address)

C/38244 924 3rd St S Nampa ID 83651
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- Retail Trade
- Wholesale Trade
- Services
- Construction
- Agriculture
- Manufacturing
- Transportation and Public Utilities
- Mining
- Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Nathan Olsen
(Name)

924 3rd st. South
(Address)

Nampa ID 83651
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Nathan Olsen

Signature: Nathan Olsen

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/13/2016 05:00

CK:2329 CT:330069 BH:1550713
1@ 25.00 = 25.00 ASSUM NAME #2

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