



# 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  
2002 DEC-4 AM 8:57

READY  
FOR  
STATE  
RECEIVED

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

Olsen Chiropractic Center

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

Name

JOSHUA B OLSEN

Complete Address

2621 Overland Ave.  
Burley ID 83318

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:

Dr. JOSHUA B. OLSEN  
2621 Overland Ave  
Burley ID 83318

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

Same

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

Phone number (optional):

208-678-4100

Secretary of State use only

Signature: JOSHUA B OLSEN  
(Signature Required)

Printed Name: JOSHUA B OLSEN

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\form\stat\formstat1.p65  
Revised 09/2002

12/04/2002 05:00  
CK: 1099 CT: 165471 BH: 649291  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D60452