



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE
2017 JAN 23 AM 10:36
SECRETARY OF STATE
STATE OF IDAHO

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

Streamline Sports Chiropractic & Physical Therapy

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):

Streamline Chiropractic, P.L.L.C. 151 North 4th Ave, Ste. A, Pocatello, ID 83201

(Name) (Address)

WID16069

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Streamline Chiropractic, P.L.L.C.

(Name)

151 North 4th Ave., Ste. A

(Address)

Pocatello, ID 83201

(City)

(State)

(Zipcode)

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

Manwaring Law Office, P.A.

(Name)

2677 E. 17th St., Ste. 600

(Address)

Idaho Falls, ID 83406

(City)

(State)

(Zipcode)

Printed Name: Kipp Manwaring

Signature: Kipp Manwaring

Printed Name:

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/23/2017 05:00

CK:2010 CT:179536 BH:1565257
10 25.00 = 25.00 ASSUM NAME #2

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