

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name
STATE OF IDAHO

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

Nampa Chiropractic 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

Wear & Associates D.C. P.A. 1003 7th St. South
Nampa, ID 83651

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

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

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

Phone number (optional) (208) 466-5459

Dr. James W. Wear
1003 7th St. South
Nampa, ID 83651

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

IDAHO SECRETARY OF STATE

Secretary of State use only
10/08/1997 09:00
CK: 10941 CT: 88250 BH: 45154
10 28.00 = 28.00 ASSUM NAME

Signature: James W. Wear

Printed Name: James W. Wear

Capacity: President

(see instruction # 8 on back of form)

Revision 2/87

5/10/1997/10/10/1997

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