FILED EFFECTIVE 01 DEC 10 AM 10:20
SECRETARY OF STATE
STATE OF IDAHO

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.

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

   Moore Chiropractic

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
Daniel Moore	6843 Main St.
	Bonners Ferry, ID 83805

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): _____

   Daniel L Moore
   6843 Main St
   Bonners Ferry, ID 83805

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

   Same
   6843 Main St
   Bonners Ferry, ID 83805

Signature: Daniel L Moore

Printed Name: Daniel Moore

Capacity: owner

(see instruction # 6 on back of form)

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

IDAHO SECRETARY OF STATE
12/10/2001 05:00
CK: 2634 CT: 154431 BH: 433599
1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97