

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

12 JAN 17 AM 9:04

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Northwest Health Financial

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

Name

Complete Address

Wirick Family Chiropractic, P.C.

1542 Elk Creek Dr., Idaho Falls, ID 83404

(C168646)

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

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Northwest Health Financial

1542 Elk Creek Dr.

Idaho Falls, ID 83404

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

Signature: _____

Printed Name: Brady M. Winick

Capacity/Title: Member/Manager

Signature: _____

Printed Name: Brady Winick

Capacity/Title: President

Secretary of State use only

IDAHO SECRETARY OF STATE
01/18/2012 05:00
CK: 583 CT: 242888 BH: 1306522
1 @ 25.00 = 25.00 ASSUM NAME # 2

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