

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the und business is: Action Chiropractic	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Paul K. Bowers A.C.	Complete Address 155 So. Arthur. Pocarello IO 83204
3. The general type of business transacted und Retail Trade Transportation wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SS S Arthur Pocarallo TO 83204	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
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional): (208) 234-000 2
Signature: Faults. Bowers Printed Name: Paul K. Bowers Capacity: Owner (see instruction the on back of form)	Secretary of State use only Secretary of State use only 1000 of upper state use only 1000 of

D 4 719/