

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504. Idaho Code the undersigned 12 13 11 41 9 07

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

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

SECRET OF THE SECRET

D152483

	business is: Ellison C	Chiropractic	
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name Ellison Family Chiropractic, Inc. (C186345)	, , , ,	
3.	The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub	
4.	The name and address to which future correspondence should be addressed: Ellison Chiropractic 3225 W. Bavaria Street, Suite 101 Eagle, Idaho 83616		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	
Signa	iture: Quing Ellisonth		Secretary of State use only
Capa	ed Name: Craig Ellison city/Title: Owner / Proceed Lead		IDANO SECRETARY OF STATE 01/11/2012 05:00
_	Printed Name:		CK: 4977 CT: 245318 BH: 1385782 1 9 25.88 = 25.88 ASSUM MANE # 2
Capacity/Title:			T