

CERTIFICATE OF ASSUMED BUSINESS NAME

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:

Burke Family 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:

<u>Name</u>	<u>Address</u>
<u>Terry L. Burke D.C.</u>	<u>1210 E. 17th St.</u>
<u></u>	<u>Idaho Falls, ID 83404</u>
<u></u>	<u></u>

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

services- health

See categories on the reverse

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

Terry L. Burke D.C.
1210 E. 17th St. Idaho Falls I-D. 83404

Signed

Terry L. Burke D.C.

By

Terry L. Burke D.C.

Capacity

owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

IDAHO SECRETARY OF STATE only

04/20/1998 09:00
CK: 501 CI: 9/509 EM: 102569

1 @ 20.00 = 20.00 ASSUM NAME

#14225

Revision 10/98

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