Capacity:

(see instruction # 8 on back of form)

## 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 LED

	gives notice of adoption of an	Assumed	Business Name.	
1.	The assumed business name which the ubusiness is:	ındersigne	ed use(s) in the transaction of	
	HAUG CHIROPRACTIC CLINIC			
2.	The true name(s) and business address(e business under the assumed business na Name  JAMES M. HAUG	es) of the ame is/are	Complete Address	
3.	The general type of business transacted (mark only those that apply)	under the	assumed business name is:	
4.	Retail Trade Manufacturii Wholesale Trade Agriculture Services Construction The name and address to which future correspondence should be addressed:  JAMES M. HAUG		Transportation and Public Utilities Finance, Insurance, and Real Est Mining mber (optional): (208)983-2458	
	PO BOX 8		Submit Certificate of Assumed Business Name and \$20.00 fee to: Acount# 4291	
	GRANGEVILLE, ID 83530			
	Name and address for this acknowledgme copy is (if other than # 4 above):  STERLING SAVINGS BANK	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	147 W. MAIN		Secretary of State use only	
	GRANGEVILLE, ID 83530	1/38	IDAHO SECRETARY OF STATE	
natui	re: Jawes M. Hung	Revision 1/98	01/18/2000 09:00 CK: none CT: 4291 BH: 2822%	
ted i	- P	1		
	Name:	abn.p65	1 8 20.88 = 20.88 ASSUM NAME # 2	

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