



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

2002 SEP 12 AM 8:33

STATE
OF IDAHO

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

Spine Align Chiropractic

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

Name

Dr. Todd L. Reese, D.C.

Complete Address

1615 Curlew Dr. Suite 8, Ammon, ID 83404

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

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input checked="" type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

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

Dr. Todd L. Reese, D.C.

425 Montcliffe Dr.

Idaho Falls, ID 83401

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 acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature: Todd L. Reese
(signature required)

Printed Name: Todd L. Reese

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 07/2002

IDaho SECRETARY OF STATE
09/12/2002 05:00
CK: 4550441623 CT: 150010 BH: 467885
1 @ 20.00 = 20.00 ASSUM NAME # 2

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