

227



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

2006 JUN 14 AM 10: 32

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Progressive Health and Rehab

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

Name

Complete Address

Kuna Chiropractic Family Care Center, P.C.

333 Ave. C, Suite #3, Kuna, ID 83634

C152881

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Kevin Rosenlund

675 W. 4th St.

Kuna, ID 83634

Submit Certificate of Assumed Business Name and \$25.00 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):

Lauren L Wells c/o Click Industries

212 3rd Avenue North, Suite 471

Minneapolis, MN 55401

Phone number (optional):

Signature:

Lauren L. Wells
(signature required)

Printed Name:

Lauren L. Wells

Capacity/Title: Assistant Secretary

(see instruction # 8 on back of form)

Secretary of State use only

D100867

IDAHO SECRETARY OF STATE
06/14/2006 05:00
CK: 830973 CT: 172099 BH: 959962
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\forms\labn\formslabn.pdf
Revised 04/2003