

FILED EFFECTIVE

07 NOV 29 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO



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.

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

Boise Chiropractic Clinics Billing Service

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 |
|-------------------------|-----------------------------------|
| <u>Action Health PC</u> | <u>1542 S. Timed Square Court</u> |
| <u>(C150922)</u> | <u>Boise ID 83709</u> |

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

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

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

Phone number (optional):

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Action Health PC
1542 S. Timed Square Court
Boise, ID. 83709

Signature: _____

(signature required)

Printed Name: Carl E Arnold DC

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
11/29/2007 05:00
CK: 3568 CT: 173093 BH: 1087391
1 @ 25.00 = 25.00 ASSUM NAME # 2

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