

227

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.

FILED EFFECTIVE

2005 SEP 19 AM 10:21

SECRETARY OF STATE
STATE OF IDAHO

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

Emergency Chiropractic

- (I would like to apply for statewide use of this name)
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name: David Owens, D.C. Complete Address: 2007 N Whitley
Fruitland ID 83619

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

Retail Trade

Transportation and Public Utilities

Wholesale Trade

Construction

Services

Agriculture

Manufacturing

Mining

Finance, Insurance, and Real Estate

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

Emergency Chiropractic
2007 N Whitley
Fruitland ID 83619

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):

Same

Phone number (optional):

(208) 452-4453

Secretary of State use only

Signature:

David Owens, D.C.
(signature required)

Printed Name:

David Owens, D.C.

Capacity/Title:

Chiropractor

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
09/19/2005 05:00
CK: 2325 CT: 150018 BH: 912390
1 @ 25.00 = 25.00 ASSUM NAME # 2

DA1814