

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) 452-4455

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: 150010 BH: 912398
1 E 25.00 = 25.00 ASSUM NAME # 2

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