

FILED EFFECTIVE

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.

2006 JUL -5 PM 3:24

SECRETARY OF STATE
STATE OF IDAHO

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

Eagle Family 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. Victor M. Sanchez

Chiropractic Physician

Complete Address

5418 N. Eagle Road, Suite 110

Boise, ID 83713

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. Victor M. Sanchez

5418 N. Eagle Road, Suite 110

Boise, ID 83713

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):

Phone number (optional):

Secretary of State use only

Signature:

Victor M. Sanchez
(signature required)

Printed Name:

Victor M. Sanchez, D.C.

Capacity/Title:

owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/06/2006 05:00
CX: 849715 CT: 172099 BH: 963608
1 @ 25.00 = 25.00 ASSUM NAME # 2

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