



# 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  
2005 NOV -1 AM 9:20

Please type or print legibly.

NOTE: See instructions on reverse before filing.

RECEIVED  
STATE OF IDAHO  
SHERIFF'S OFFICE

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

Sleeping Spine Health & Wellness

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

Name

Robert Fritz, D.C.

Complete Address

1246 Yellowstone C-4 Pocatello, ID 83201

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 |                          |                                     |

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:

Robert Fritz, D.C.

4667 Rachael's Run

Chubbuck, ID 83202

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

Phone number (optional):

(208) 237-6709

Signature: MTB

(signature required)

Printed Name: Robert Fritz

Capacity/Title: CEO/Owner/Chiropractic Physician

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE  
11/07/2005 05:00  
CK: 898069334 CT: 193923 BH: 920719  
1 e 25.00 = 25.00 ASSUM NAME # 2

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