



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 FEB 23 AM 9:53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE
OF IDAHO

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

NIELSON 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

Complete Address

Chad J. Nielson

600 N Lincoln

Jerome, ID 83338

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:

DL Evans Bank
980 S. Lincoln
Jerome, ID 83338

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

Phone number (optional):

Signature: Chad J. Nielson

(signature required)

Printed Name: Chad J. Nielson

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

1073458

IDAHO SECRETARY OF STATE
02/24/2004 05:00
CK: 1321 CT: 150010 BH: 729000
1 @ 25.00 = 25.00 ASSUM NAME # 2