CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED AUG 25 1 07 PM 99 SECRETARY OF STATE STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

   ASK The Chiropractor

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

Name	Complete Address
Dr. Chris Fisher	264 S. Cole Rd. Boise ID. 83709

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

☐ Retail Trade	☐ Manufacturing	☐ Transportation and Public Utilities
☐ Wholesale Trade	☐ Agriculture	☐ Finance, Insurance, and Real Estate
☒ Services	☐ Construction	☐ Mining

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

   Dr. Chris Fisher
   264 S. Cole Rd
   Boise ID 83709

   Phone number (optional): (208) 375-2997

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

Submit Certificate of Assumed Business Name and **$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Dr. Chris Fisher

Printed Name: Dr. Chris Fisher

Capacity: Owner.

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE
08/25/1999 09:00
CK: 1863 CT: 119726 BH: 244939
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 28690

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