

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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:

Stoddard Chiropractic

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

Charlene R. Stoddard

1025 Ironwood Dr Ste 2
Coeur d'Alene, ID 83814

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Stoddard Chiropractic

1025 Ironwood Dr Ste 2

Coeur d'Alene, ID 83814

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

FIRSTBANK NORTHWEST

P O BOX 996

LEWISTON ID 83501

Signature: Charlene R. Stoddard DC

Printed Name: Charlene R. Stoddard DC

Capacity: Owner

(see instruction # 8 on back of form)



JUL 16 PM 1:31
STATE OF IDAHO

FILED

7881
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

Secretary of State use only

IDAHO SECRETARY OF STATE

07/16/1999 09:00

CK: none CT: 7881 BH: 234498

1 @ 20.00 = 20.00 ASSUM NAME # 2

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