



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

2002 MAR 28 AM 10:15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

MARSING 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

JOE SACCOMAN

645 PALMETTO DR

EAGLE, ID 83616

3. The general type of business transacted under the assumed business name is:

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

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

JOE SACCOMAN

645 PALMETTO DR

EAGLE, ID 83616

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

Signature: _____

Printed Name: JOE W SACCOMAN

Capacity/Title: OWNER/DOCTOR

(see instruction # 8 on back of form)

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

Phone number (optional):

484-3055

Secretary of State use only

053381

IDAHO SECRETARY OF STATE
03/28/2002 05:00
CK: CASH CT: 158010 BH: 455303
1 @ 20.00 = 20.00 ASSUM NAME # 2