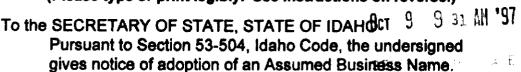
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





To the SECRETARY OF STATE, STATE OF IDAHOUT 3 3 3 HI 31  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 us business is:  SUNDANCE CHU	
JOSEPH WILLIAM SACCOMM 3417	y or individual(s) doing  mplete Address  AMINICANA TR  2, FD 83706
The general type of business transacted under the assu (mark only those that apply)	ımed business name is:
☐ Wholesale Trade ☐ Agriculture ☐ Fin ☐ Services ☐ Construction ☐ Min	ansportation and Public Utilities ance, Insurance, and Real Estate ning
correspondence should be addressed:	r (optional).(208) 333-8//3
SUNDANCE CHIROPRACTIC  3417 AMERICANA TERRACE	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Boisi TD 83706  5. Name and address for this acknowledgment copy is (if other than #4 above):  SAME AS 4	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
ignature:	Secretary of State use only 1DAHO SEERETARY UF STATE 18/49/1997 09:00 CK: 1171 C1: 86325 Fm: 45547 1 @ 28.80 = 28.80 ASSUM NAME
rinted Name: Jo∈ W. SACCOMAN  apacity: OWNER	28805
(see instruction # 8 on back of form)	