

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO <sup>OCT 9 9 31 AM '97</sup>  
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:

SUNDANCE 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
<u>JOSEPH WILLIAM SACCOMAN</u>	<u>3417 AMERICANA TR</u>
	<u>BOISE, ID 83706</u>

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: Phone number (optional): (208) 333-8113

SUNDANCE CHIROPRACTIC  
3417 AMERICANA TERRACE  
BOISE, ID 83706

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

SAME AS 4

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: Joe W. Saccoman

Printed Name: JOE W. SACCOMAN

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

10/09/1997 09:00  
OK: 1171 CI: 86325 BW: 45547

1 @ 20.00 = 20.00 ASSUM NAME

28805

Revision 2/97

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