

# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

**FILED**

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

The Kneaded Touch

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

<u>Name</u>	<u>Address</u>
<u>Liljenquist Chiropractic, P.A.</u>	<u>1700 Overland</u>
<u>C 111129</u>	<u>Burley ID 83318</u>

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

# 7 and # 9

See categories on the reverse

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

The Kneaded Touch % Geri Liljenquist  
1700 Overland, Burley Id 83318

Signed Geri Liljenquist

By Geri Liljenquist

Capacity manager

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

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

tax ID# 82-0483872

Secretary of State use only

IDAHO SECRETARY OF STATE

05/05/1999 09:00  
CR: 1002 CT: 115036 BH: 213700

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 25685