

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

2012 AUG -3 AM 9:00
SECRETARY OF STATE
STATE OF IDAHO

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

SYRINGA CHIROPRACTIC/ACUPUNCTURE

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

<u>Name</u>	<u>Complete Address</u>
<u>JAMES M. JARDINE</u>	<u>25 PINE GAP/BOX 554</u>
<u></u>	<u>HORSESHOE BEND,</u>
<u></u>	<u>IDAHO 83629</u>

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

JAMES M. JARDINE
P.O. BOX 554
HORSESHOE BEND, IDAHO 83629

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

Signature: James M. Jardine
Printed Name: JAMES M. JARDINE
Capacity/Title: OWNER

Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/03/2012 05:00
CK: 2163 CT: 179759 BN: 1334663
1 @ 25.00 = 25.00 ASSUM NAME # 2

D157305