



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG -8 PM 3:05

**SECRETARY OF STATE
STATE OF IDAHO**

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

Trailhead Sports Clinic

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name)	(Address)
Trailhead Chiropractic LLC	3858 N. Garden Center Way, Suite 101, Boise, ID 83703
(Name)	(Address)
(W103750)	
(Name)	(Address)
(Name)	(Address)

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

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

4. Mailing address for future correspondence:

(Name) Center
3858 N Garden Way Suite 101
 (Address)
Boise ID 83703
 (City) (State) (Zipcode)

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

(Name)
 (Address)
 (City) (State) (Zipcode)

Printed Name: Nate Spangler, MS, DC

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/08/2016 05:00

CK: CASH CT: 259323 BH: 1541038

1@ 25.00 = 25.00 ASSUM NAME #2

D188431