



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2007 MAY -7 AM 8:41
SECRETARY OF STATE
STATE OF IDAHO

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

Sandpoint Chiropractic Clinic

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

Name

Complete Address

Ryan F. Webster, D.C.

476653 Hwy 95, Ste 2, Ponderay, ID

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Sandpoint Chiropractic Clinic
476653 Hwy 95, Ste 2
Ponderay, ID 83852

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

Phone number (optional):

208-265-9400

Signature:

(signature required)

Printed Name: Ryan Webster, DC

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
05/07/2007 05:00
CK: 1025 CT: 213067 BH: 1052067
1 @ 25.00 = 25.00 ASSUM NAME # 2