

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE
JUN 17 AM 10:47

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

TRINITY CHIROPRACTIC CENTER

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>
W. GUY JEPPE, III	1332 E STATE STREET EAGLE, ID 83616

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

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

TRINITY CHIROPRACTIC CENTER
1332 E STATE STREET
EAGLE, ID 83616

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

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

Phone number (optional):

Secretary of State use only

Signature: *DR. W. GUY JEPPE III*
(signature required)

Printed Name: DR. W. GUY JEPPE III

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 12/2001

IDAHO SECRETARY OF STATE
06/17/2002 05:00
 CK: 1492 CT: 149626 BH: 472800
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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