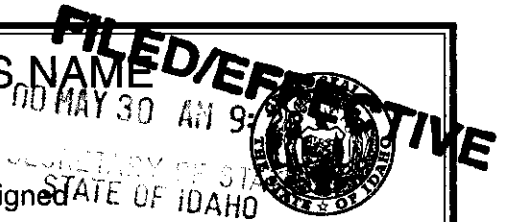


# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.



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

CHIROPRACTIC 4 KIDS & ADULTS

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

Name	Complete Address
<u>JEFFREY B. RONNING</u>	<u>296 SUNSET AVE #15</u>
	<u>COEUR D'ALENE, ID 83815</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

CHIROPRACTIC 4 KIDS & ADULTS  
296 SUNSET AVE. #15  
COEUR D'ALENE, ID 83815

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

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

Secretary of State use only

Signature: Jeffrey B. Ronning

Printed Name: JEFFREY B. RONNING

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

Revision 2/97

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IDAHO SECRETARY OF STATE

05/30/2000 09:00  
 CK: 2014 CT: 131712 DM: 321875

1 @ 20.00 = 20.00 ASSUM NAME # 2

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