



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
08 JAN 14 PM 1:03

SECRETARY OF STATE
STATE OF IDAHO

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

Magic Valley 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
Dr. Jerral B. Wimberley and
Janet A. Wimberley

Complete Address

1275 E. 4400 N., Buhl, ID
83316

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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

1275 E. 4400 N., Buhl, ID 83316

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

Signature: Janet A. Wimberley
(signature required)

Printed Name: JANET A. WIMBERLEY

Capacity/Title: owner/co-owner

(see instruction # 8 on back of form)

Sole proprietor

Secretary of State use only

IDAHO SECRETARY OF STATE
01/15/2008 05:00
CK: 2002 CT: 221483 BH: 1094670
1 @ 25.00 = 25.00 ASSUM NAME # 2

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