

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 FEB 14 PM 12: 28

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Discover Chiropractic	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name: Name	Complete Address
Jonathan Thomas Victorino	2 1080 Boise Avenue, Boise, ID. 83706
Shawna Anne Victorino	SAME
3. The general type of business transacted unde	er the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Discover Chiropachi Jon & Shawa Victoria Boise Ave. Boise D. 23706 5. Name and address for this acknowledgment copy is (if other than #4 above):	Boise ID 83720-0080 208 334-2301
Jon Victorino 1511 Mar tha St. Boise ID 83706 Signature:	Secretary of State use only 990 upgs upg upgs upgs upgs upgs upgs upgs
Printed Name: Jon Victoring Capacity/Title: Doctor of Chiropractic	02/14/2002 05:00 CK: CASH CT: 157335 BH: 446313 1 0 20.00 = 20.00 ASSUM NAME 1 2 5 2.15