

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO,

Pursuant to Section 53-504, Idaho Code, the undersigned, AM 8: 50  
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: *Pathways To Wellness*

~~Pathways To Wellness~~  
~~Family Chiropractic~~

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
<i>Lisa M. Ross</i>	<i>Po Box 492 Albion, ID 83311</i>
<i>James P. Ross</i>	<i>Same,</i>

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

<input checked="" 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: Phone number (optional): *(208) 673-5413*

*Lisa M. Ross*  
*Po Box 492*  
*Albion, ID 83311*

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

*X*

Submit Certificate of  
Assumed Business  
Name and **\$20.00** fee to:  
**\$25.00**

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

Secretary of State use only

Signature: *Lisa M. Ross*

Printed Name: *Lisa M. Ross*

Capacity: *President*

(see instruction # 8 on back of form)

Revision 2/97

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IDAO SECRETARY OF STATE  
07/01/2004 05:00  
CX: 1581 CT: 158010 BH: 753454  
1 @ 25.00 = 25.00 ASSUM NAME # 2

*D77807*