



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

10 FEB 17 AM 8:30

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:

STUTZMAN 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	Complete Address
<u>BRIAN W. STUTZMAN</u>	<u>1580 W 4th ST. #103</u> <u>MERIDIAN, ID 83642</u>

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	

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

correspondence should be addressed.

Brian W. STUTZMAN
1580 W 4th ST # 103
MERIDIAN, ID 83642

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

Signature: Brian W. Stipp DC

Printed Name: *Brion W. Shutzman*

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\Forms\Year forms\Year.p65
Reviewed: 04/2003

IDaho SECRETARY OF STATE
02/17/2010 05:00
CK: 1370 CT: 245828 BH: 1208428
1 @ 25.00 = 25.00 ASSUM NAME # 2

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