

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2007 OCT 19 PM 1:13

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:

WILLIS FAMILY CHIROPRACTIC

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>CHAD C. WILLIS, D.C.</u>	<u>1565 E. LEIGHFIELD DR. , ST.150</u>
<u>NICOLE WILLIS, D.C.</u>	<u>1565 E. LEIGHFIELD DR. , ST. 150</u>
	<u>MERIDIAN, ID 83646</u>

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

WILLIS FAMILY CHIROPRACTIC  
1565 E. LEIGHFIELD DR. ST. 150  
MERIDIAN, ID 83646

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: *Chad Willis, D.C. Nicole Willis, D.C.*  
(signature required)

Printed Name: CHAD WILLIS D.C. Nicole Willis

Capacity/Title: OWNER  
(see instruction # 8 on back of form)

Scanned with Scantron 4000

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/19/2007 05:00  
CK: 1316241 CT: 172099 BH: 1881438  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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