

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

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED

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

ESS IS: We Care Chiropractic SECRETARY OF STATE
STATE OF IDAHO

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
D. Wade Davis DC	2311 Park Ave. St. 1 Burley,
Lynn A Hansen DC	" " " ID 8332

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

- ☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate
☒ Services **(0)** ☐ Construction ☐ Mining

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

Phone number (optional):

608/678 8184

We Care Chiropractic
2311 Park Ave. Ste. 1
Burley, ID 83318

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

We Care Chiropractic
2311 Park Ave. Ste. 1
Burley, ID 83318

Signature: [Signature]

Printed Name: D. wife Davis Lynn A. Hansen

Capacity:	DC
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(see instruction # 8 on back of form)

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/10/2000 09:00
CK: 1897 CT: 124970 BH: 200025

1 @ 20.00 = 20.00 ASSUM NAME # 2

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