

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

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

98 JUL -1 AM 9:25
SECRETARY OF STATE
STATE OF IDAHO

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

Bowman Chiropractic Clinic

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

Address

Eric M. Bowman

300 West 2nd South, Soda Springs, ID 83276

Liana B. Bowman

300 West 2nd South, Soda Springs, ID 83276

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

Services

See categories on the reverse

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

Eric M. Bowman and Liana B. Bowman

300 West 2nd South, Soda Springs, Idaho 83276

Signed

Eric M. Bowman

By

ERIC M. BOWMAN

Capacity

OWNER

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only
IDAHO SECRETARY OF STATE

07/01/1998 09:00
CK: 2723 CT: 1853 IN: 124471

1 @ 20.00 = 20.00 ASSUM NAME

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