

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Click here to gloss form.

2012 AUG 17 PM 3:38
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

CrossRoads 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

Loren D Wright

212 W. Ironwood Dr., Ste D #116, Coeur D'Alene, ID 83814

Wright Chiropractic PLLC

1104 W. Ironwood Dr., Coeur D'Alene, ID 83814

W116547

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:

Loren D Wright

212 W. Ironwood Dr., Ste D #116

Coeur D'Alene, ID 83814

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Loren D Wright

Printed Name: Loren D Wright

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
08/17/2012 05:00
CX: 1102777 CT: 172099 DH: 1336416
1 @ 25.00 = 25.00 ASSUM NAME # 3

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