



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE  
2017 NOV -6 AM 9:36**

SECRETARY OF STATE  
STATE OF IDAHO

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

Boise Valley Massage

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Boise Valley Chiropractic, LLC 1701 N Regal Drive Boise ID 83704

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(W107692), LLC  
(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

James Bingham

(Name) \_\_\_\_\_

1701 N Regal Dr

(Address) \_\_\_\_\_

Boise ID 83704

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zipcode) \_\_\_\_\_

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

(Name) \_\_\_\_\_

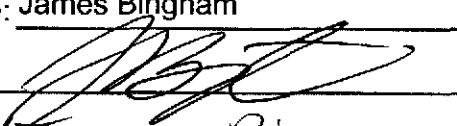
(Address) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zipcode) \_\_\_\_\_

Printed Name: James Bingham

Signature: 

Printed Name: James H Bingham

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/2017 05:00

CK:1994 CT:253112 BH:1610816  
1@ 25.00 = 25.00 ASSUM NAME #2

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