| 217               |   |  |
|-------------------|---|--|
| CER               | TIFICATE OF ASSUMED BUSINE<br>(Please type or print legibly. See instructions on re   | everse.)   |
|                   | Pursuant to Section 53-504, Idaho Code, the und<br>gives notice of adoption of an Assumed Business  | NAME OF IDAHO  |
|                   | The assumed business name which the undersigned<br>business is:<br>LAKELAND CHIROPRACTIC C  |  |
| 2. <sup>-</sup>   | The true name(s) and business address(es) of the entity or individual(s) doing, business under the assumed business name is/are:          |  |
|                   |   | Hwy 41, Suite S00<br>Rum, Id. 83858  |
| 3. `              | The general type of business transacted under the assumed business name is:<br>(mark only those that apply)                               |  |
|                   | Wholesale Trade Agriculture   Services Construction   | Transportation and Public Utilities<br>Finance, Insurance, and Real Est<br>Mining                                |
| 4.                | The name and address to which future Phone num<br>correspondence should be addressed:<br>Richard H. Hauser D.C.<br>1556 Hwy 41, Svite 500 | uber (optional) (208) 6877029  |
|                   | Rathdrum, Id. 83858   | Assumed Business<br>Name and \$20.00 fee to:   |
|                   | Name and address for this acknowledgment<br>copy is (if other than # 4 above).  | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
|                   |   | SBRHRI SECRE SERIECES BIRITE   |
| Signatu           | Ire:  | 10/10/1997 09:00<br>CK: NO CK # CT: 88361 9H: 46839<br>1 0 20.00 = 28.00 ASSUM NAME<br>D 28229                   |
| Printed<br>Capaci |   | · ·  |
|                   | (see instruction # 8 on back of form)   | :  |

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