

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

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

RECEIVED  
NOV 10 AM 10:20  
SECRETARY OF STATE  
STATE OF IDAHO

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

All Family Chiropractic Center

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
<u>Daniel Moore</u>	<u>6843 Main St</u>
	<u>Bannock Ferry ID</u>
	<u>83805</u>

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

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

Daniel Moore DC  
6843 Main St  
Bannock Ferry ID  
83805

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

Same

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

Signature: Daniel F. Moore

Printed Name: Daniel Moore

Capacity: owner

(see instruction # 8 on back of form)

Revision 1/98  
0:\corp\forms\assum.p65

IDAHO SECRETARY OF STATE  
12/10/2001 05:00  
CK: 2636 CT: 154431 BH: 433598  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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