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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2010 JUN 30 PM 1:31

SECRETARY OF STATE
STATE OF IDAHO

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

   EAGLE SPORT INJURY & 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
Kraig Knotts	547 S. Fitness Pl. #110 EAGLE, ID 83616

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

   ☐ Retail Trade   ☐ Transportation and Public Utilities
   ☐ Wholesale Trade   ☐ Construction
   ☒ Services   ☐ Agriculture
   ☐ Manufacturing   ☐ Mining
   ☐ Finance, Insurance, and Real Estate

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

   Idaho Secretary of State
   450 N 4th Street
   PO Box 83720
   Boise ID 83720-0080

   (208) 334-2301

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

   547 S. Fitness Pl. #110
   EAGLE, ID. 83616

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

   Signature: _K K____
   (signature required)

   Printed Name: Kraig Knotts

   Capacity/Title: OWNER-MEMBER

   (see instruction # 6 on back of form)

   Secretary of State use only

   D140403

   IDAHO SECRETARY OF STATE
   06/30/2010 05:00
   CK: 1026 CT: 249301 BH: 1228852
   1 @ 25.00 =   25.00 ASSUM NAME #