



# CERTIFICATE OF ASSUMED BUSINESS NAME

# FILED EFFECTIVE

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

Filing fee: \$25.00.

2015 OCT -2 AM 8:19

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

**BAMi Consulting**

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):

Blue Chip Chiropractic, LLC 8276 N Wayne Dr, Hayden, ID 83835

(Name) WA4358 (Address)

(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:

Barbara Anne May

(Name)

8276 N Wayne Dr

(Address)

Hayden, ID 83835

(City)

(State)

(Zipcode)

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

Barbara Anne May

(Name)

8276 N Wayne Dr

(Address)

Hayden, ID 83835

(City)

(State)

(Zipcode)

Printed Name: Barbara Anne May, Member

Signature: Barbara May

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

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

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

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

Secretary of State use only

IDaho SECRETARY OF STATE

10/02/2015 05:00

CK:2125 CT:315230 BH:1494714  
10 25.00 = 25.00 ASSUM NAME #2

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