



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.

OCT 15 AM 9:42
STATE OF IDAHO

FILED/EFFECTIVE

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

Canyon Springs Chiropractic Health 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>Craig J Manning, D.C.</u>	<u>676 Shoup Ave. W. #14</u>
	<u>Twin Falls, ID 83301</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): _____

Craig J Manning, D.C.
704 O'Leary Way
Twin Falls, ID 83301

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

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

Signature: Craig J Manning, D.C.

Printed Name: Craig J Manning

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

Revision 12/99

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IDAHO SECRETARY OF STATE
10/15/2001 05:00
CK: 1193 CT: 152443 BH: 424382
1 @ 20.00 = 20.00 ASSUM NAME # 2

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