



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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.

88 NOV - 6 AM 9:14

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

Natural Life Clinic

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

Jed W. Webb

10480 Garverdale Ct.
Boise Id 837

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): 208 658-5551

Webb Family Chiropractic
12438 W. Bridger St. Suite 120
Boise Id 83713

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

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

Signature: Jed W. Webb

Printed Name: Jed W. Webb D.C.

Capacity: _____

(see instruction # 8 on back of form)

Revision 198

g:\corpforms\abn.pdf

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/1998 09:00
CX: 2428 CT: 106433 BH: 159559

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 19742