

FILED

# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

Pain Relief 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	Address
<u>Angela D Kelly, D.C.</u>	<u>1010 Ironwood Drive Suite B</u>
	<u>Coeur d'Alene, ID 83814</u>

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

Chiropractic

See categories on the reverse

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

Angela D Kelly, D.C.  
1010 Ironwood Drive Suite B Coeur d'Alene ID 83814

Signed

Angela D Kelly DC

By

Angela D Kelly DC

Capacity

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only  
IDHO SECRETARY OF STATE

07/12/1999 09:00  
CR: 700 CI: 117670 MI: 233030

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 10/96

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