

**CERTIFICATE OF ASSUMED BUSINESS NAME**

RAKED

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:

## Lost River Family Chiropractic

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Dr. Daryl A. Moss Name Address  
~~P.O. Box 1202~~ ~~Moore, ID 83252~~  
159 North Idaho #107  
Arco, ID 83213

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

## Chiropractic Health Clinic

See categories on the reverse

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

DR. Daryl A. Moss  
Rt. 1 Box 120 Moore, ID 83255

Signed

Bv

Capacity Owner - Doctor of Chiropractic

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

Customer #

**Secretary of State use only**

IDAHO SECRETARY OF STATE

12/13/1999 09:00  
C#: 736 CT: 124886 RN: 273181

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

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