

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:

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:

Name	Address
<u>Dr. Daryl A. Moss</u>	<u>Rt. 1 Box 120 Moore, ID 83255</u>
	<u>159 North Idaho #107</u>
	<u>Arco, ID 83213</u>

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

Daryl A. Moss

By

DARYL A. MOSS

Capacity

Owner - (Doctor of Chiropractic)

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

IDAHO SECRETARY OF STATE

12/13/1999 09:00
CX: 736 CT: 124006 BN: 273181

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 10/96

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