

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 AUG 27 AM 9:27

SECRETARY OF STATE
STATE OF IDAHO

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

Idaho Weight Loss Clinic

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Fielding Chiropractic and Wellness PLLC 37 W Main St.
(Name) (Address)
(W 206648) Saint Anthony, ID 83445
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Brady Fielding
(Name)
37 W Main St.
(Address)
Saint Anthony ID 83445
(City) (State) (Zipcode)

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

Same as #4
(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Brady Fielding

Signature: Brady Fielding

Printed Name: Christa Fielding

Signature: Christa Fielding

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/28/2018 05:00

CK:126 CT:360848 BH:1661078
1@ 25.00 = 25.00 ASSUM NAME #2

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