9/21/2012



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2015 APR 29 AM 8: 37

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

| manded on back of abb | STATE OF IDAHO |
|---|---|
| The assumed business name which the und business is: | dersigned use(s) in the transaction of |
| Live Right Chiropracti | |
| 2. The true name(s) and <u>business</u> address(es business under the assumed business name Name M. Fisher, PC. (c 204344) | |
| 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business |
| 4. The name and address to which future correspondence should be addressed: 2300 5. Orchand St. Ste. A. Boise 10 93765 | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgmer copy is (if other than # 4 above): | nt |
| Signature: Michille Light | Secretary of State use only |
| Printed Name: Michelle Fisher Capacity/Title: OWNER Signature: #################################### | IDAHO SECRETARY OF STATE 94/29/2015 05:00 CK:1026 CT:309640 BH:1473314 16 25.00 = 25.00 ASSUM NAME # |
| Capacity/Title: | |

abn.pmd Rev. 07/2010

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