



CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 NOV 30 AM 9:13
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

SIRUCEK CHIROPRACTIC NEUROLOGY CLINIC

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

DAX SIRUCEK

243 2nd AVE N.

TWIN FALLS, ID.

83301

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

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

- The name and address to which future correspondence should be addressed:

X DAX SIRUCEK,
~~A. SIRUCEK~~ SIRUCEK CHIROPRACTIC NEUROLOGY.
243 2nd AVE N.
TWIN FALLS, ID. 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080
(208) 334-2301

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

Signature: DAX SIRUCEK
(signature required)

Printed Name: DAX SIRUCEK

Capacity/Title: OWNER / PRESIDENT.

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/30/2007 05:00
CK: 1000 CT: 150010 BH: 1007562
1 @ 25.00 = 25.00 ASSUM NAME # 2

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