FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2011 AUG 18 PH 12: 00

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

SECRETARY OF STATE STATE OF IDAHO

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

	<u></u>	
 The assumed business name which the undersign business is: 	ned use(s) in the transaction of	
Serenity Bodyworks Studi	C	
020000000000000000000000000000000000000		
2. The true name(s) and <u>business</u> address(es) of the	e entity or individual(s) doing	
business under the assumed business name: <u>Name</u>	Complete Address	
		Enni a Spilli
Active Health Chiropractic, PUC 507 (w.85098)	5. PHIVES IT SIL III	
3. The general type of business transacted under the	e assumed business name is:	
Retail Trade Transportation and P		
Wholesale Trade Construction		
Services		
Manufacturing Mining	Submit Certificate of	
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future		
correspondence should be addressed:	Secretary of State 450 North 4th Street	ll l
Serchity Bodyworks Studio	PO Box 83720	1
FOTS. FITNESS PL STE 11DA	Boise ID 83720-0080	
Fagu. Id 83616	208 334-2301	
Name and address for this acknowledgment		
CODY iS (if other than # 4 above):		
Active Health Chiropractic, PLLC		
507 S. Fitness Pl Stc 110		
Eagle, Id 82/elle	Secretary of State use only	
Signature Publicat Kelin		
Printed Name: Reherra A Killium		
Capacity/Title: office manager / part owner		
Signature: Assess the Color		
Printed Name: Steven Killion	IDAHO SECRETARY OF STATE 08/18/2011 05:00	
Capacity/Title: <u>Dwner dc(tor</u>	CK: 761362 CT: 172899 BH: 1287115	

abr.pmd Rev. 07/2010

1 0 25.00 = 25.00 ASSUM NAME # 2

