

228

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application form.)

2011 SEP -1 PM 12:48
SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

- 1. The assumed business name is: Chiropractic Biophysics of Idaho
- 2. The assumed business name was filed with the Secretary of State's Office on 07/09/2002 as file number D56380
- 3. Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
- 4. The assumed business name is amended to: Ideal Health
- 5. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Betz Family Chiropractic, PLLC</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Chiropractic Biophysics of ID, PA</u>	<u>3040 N. Five Mile Rd. Ste. C Boise, ID 83713</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>(C158024)</u>	

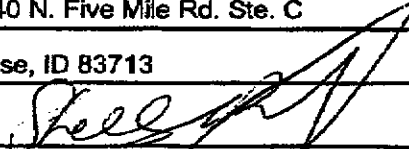
- 6. The type of business is amended to read:

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

- 7. The name and address to which future correspondence should be addressed is changed to read:
Ideal Health 3040 N. Five Mile Rd. Ste. C Boise, ID 83713

- 8. Name and address for this acknowledgment copy is:

Shelly Betz
3040 N. Five Mile Rd. Ste. C
Boise, ID 83713

Signature: 
 Printed Name: Shelly Betz
 Capacity: Secretary
 Signature: _____
 Printed Name: _____
 Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 09/01/2011 05:00
 CK: 2649 CT: 184746 BH: 1288805
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D56380