



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

09 NOV 16 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

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

DOWNEY CHIROPRACTIC

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

Name

MICHAEL DOWNEY

Complete Address

6296 N CHARLESTON PL BOISE ID 83703

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

- Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

MICHAEL DOWNEY

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

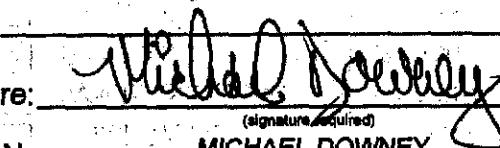
(208) 334-2301

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

6296 N CHARLESTON PL BOISE ID 83703

Secretary of State use only

Signature:


(signature required)

Printed Name:

MICHAEL DOWNEY

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

11/16/2009 05:00
CK: 7810 CT: 242308 BH: 1195593
10 25.00 = 25.00 ASSUM NAME # 2

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