

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 SEP 20 PM 4:22

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Eagle Spine and Rehab Center

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

Name

Complete Address

Premier Chiropractic, P.C.
(Michael McMurry, D.C.)
(C162483)

435 E. Shore Drive
Suite 110
Eagle, ID 83616

3. 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 | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Michael McMurry, D.C.
435 E. Shore Dr. #110
Eagle, ID 83616

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

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Michael McMurry, D.C.Capacity/Title: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
09/20/2007 05:00
CK: 1283882 CT: 172899 BH: 1876678
1 @ 25.00 = 25.00 ASSUM NAME # 2

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