

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 SEP 17 AM 9:28

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

SECRETARY OF STATE
STATE OF IDAHO

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

Bower Chiropractic and Sports Injury Clinic

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

Bower Chiropractic Inc.

5001 12th Avenue Road, Nampa, ID 83686

C, 203489

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

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:
5001 12th Avenue Road, Nampa, Idaho 83686

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

Richard Bower
12550 W. Explorer Drive, Suite 100
Boise, ID 83713

Signature: [Signature]

Printed Name: Jacob Bower

Capacity/Title: President, Bower Chiropractic Inc.

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/17/2014 05:00

CK:2224280 CT:172099 BH:1441632
1@ 25.00 = 25.00 ASSUM NAME #3

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