



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2017 FEB 27 AM 10:10

**SECRETARY OF STATE
STATE OF IDAHO**

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

Blue Lakes Clinics

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) (Address)
Blue Lakes Chiropractic, PA 1122 Eastland Dr. N., Suite #2, Twin Falls, ID 83301

(Name) C108659 (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Dr. Rusty Arrington
(Name)
1122 Eastland Dr. N., Suite #2
(Address)
Twin Falls, ID 83301
(City) (State) (Zipcode)

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

Bren E. Mollerup
(Name)
P.O. Box 366
(Address)
Twin Falls, ID 83303-0366
(City) (State) (Zipcode)

Printed Name: Howard R. Arrington
Signature:
Printed Name: _____
Signature: _____
Printed Name: _____
Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/27/2017 05:00
CK:10377 CT:2053 BH:1570734
1@ 25.00 = 25.00 ASSUM NAME #2

D192450