CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 00 FILE 3: FIFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Businessiname Y OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: FLZTCHER CHIRUPRACTIC CENTER 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address FUTCHER CHTOPRALTIC PLLC. 3210 E. CHINDEN BUYO. STE# 106 IDAMO 93616 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Transportation and Public Utilities Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Minina Services 4. The name and address to which future Phone number (optional): correspondence should be addressed: SCOTT FLETCHER OC. Submit Certificate of **Assumed Business** 3210 E. CHINOKN BLYD \$ 100 Name and \$20.00 fee to: EBGLIA ZC453616 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE

Signature: SCUTT FLETCHER DC

Capacity: / Member / Member (see Instruction # 8 on back of form)

94/18/2000 69:00 CK: 2253 CT: 128295 BH: 318020

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