



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.

Instructions are included on back of application.

Click here to clear for
FILED EFFECTIVE

2014 MAY 16 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

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

Magic Valley Medicine

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

Samuel H. Barker DC PC
C/167743

844 Washington St N
Ste 400
Twin Falls ID 83301

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

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:

844 Washington St N
Ste 400
Twin Falls ID 83301

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

Same

Signature: [Signature]

Printed Name: Samuel Barker

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/16/2014 05:00

CK:2963 CT:241518 BH:1425061

1@ 25.00 = 25.00 ASSUM NAME #2

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