

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

## **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Mane 0

Please type or print legibly.

NOTE: See instructions on reverse before	e fishig retary of siate State of idaho
1. The assumed business name which the und business is:  Loko Chiropractiz A	ersigned use(s) in the transaction of
The true name(s) and business address(es) business under the assumed business name     Name	of the entity or individual(s) doing
3. The general type of business transacted und	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  The Brech Minister State  The Park Minister State  The Park Minister State  The Brech Minister State  The Brech Minister State  The Park Minister State  The Park Minister State  The Brech Minister S	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
nature:  (signature required)  nted Name: Bray Wi-ick	Secretary of State use only  Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  12/10/2009 05:26  CK: 214 CT: 242444 RH: 1194

1 0 25.00 = 25.00 ASSUN NAME # 2

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