



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2016 AUG 22 AM 10:13**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Dr. Olivia's Gentle Chiropractic

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):

Olivia J Herrell

3350 Americana Terrace, Ste 210, Boise, ID 83706

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Olivia J Herrell

(Name)

12 N Sugar St #101

(Address)

Nampa, ID 83687

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Olivia J Herrell

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Secretary of State use only**

IDAHO SECRETARY OF STATE

**08/22/2016 05:00**

CK:1525 CT:328090 BH:1542803

1@ 25.00 = 25.00 ASSUM NAME #2

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