



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2007 JAN 22 PM 1:38

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

HEAD TO TOE HEALTH CARE

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

DR. JASON WELKER, DC, PC

1514 SOUTH 800 WEST, STE 100,

0191034

PRESTON, ID 83263

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

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

4. The name and address to which future correspondence should be addressed:

DR. JASON WELKER, DC, PC

1514 SOUTH 800 WEST, STE 100

PRESTON, ID 83263

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-852-1452

Secretary of State use only

Signature: *Jason Welker*

(signature required)

Printed Name: JASON WELKER

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
01/23/2007 05:00
CK: 1492 CT: 200025 BH: 1027909
1 @ 25.00 = 25.00 ASSUM NAME # 4