FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

05 JUN 28 PM 4: 20

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

D 89222

business is: Glenns Ferry Chiropractic	
2. The true name(s) and business address(es business under the assumed business nar Name Dr. Michael Weide	s) of the entity or individual(s) doing ne: Complete Address 979 E Cleveland Ave Glenns Ferry, ID 83623
Retail Trade	n and Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Glenns Ferry Chiropractic	Secretary of State 700 West Jefferson Basement West PO Box 83720
PO Box 24	Boise ID 83720-0080 208 334-2301
Glenns Ferry, ID 83623	200001
 Name and address for this acknowledge copy is (if other than # 4 above). 	nent Phone number (optional): 208-366-7500
	Secretary of State use only
ignature: (signature required) Dr. Michael Weide apacity/Title: owner	1 25.09 25.00