



CERTIFICATE OF ASSUMED BUSINESS NAME

FILE

2006 AUG 28 AM 9:04

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Williams Chiropractic

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
<u>Williams Chiro Med, Inc</u>	<u>① 1961 Broadway Ave</u>
<u>(C160653)</u>	<u>Boise, ID 83706</u>
	<u>② 13900 W. Wainwright Dr.</u>
	<u>Boise, ID 83713</u>

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:

1961 Broadway Williams Chiropractic
1961 Broadway Ave
Boise, ID 83706

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) 344-1851

Signature: Michael F. Williams
(signature required)

Printed Name: Michael F. Williams

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

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IDaho SECRETARY OF STATE
08/29/2006 05:00
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