



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.

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:

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>1961 Broadway Ave</u>
<u>(C160653)</u>	<u>Boise, ID 83706</u>
	<u>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: _____

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

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

CK: 4680 CT: 84473 BH: 972460

1 @ 25.00 = 25.00 ASSUM NAME # 2

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