227

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.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

2006 JUN -5 AM 10: 08

SECRETARY OF STATE
STATE OF IDAHO

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

River City 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
Scott Crawford	609 Calgary Court
	Post Falls, ID 83854

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

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

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

River City Chiropractic
609 Calgary Court
Post Falls, ID 83854

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

Phone number (optional):

Secretary of State use only

Signature: D.C.
(signature required)

Printed Name: Scott N. Crawford DC

Capacity/Title: Owner.

(see instruction # 5 on back of form)

01005539

IDAHO SECRETARY OF STATE
06/05/2006 05:00
CK: 2422 CT: 150010 BH: 958255
1 @ 25.00 = 25.00 ASSUM NAME # 2