

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

05 MAY 11 AM 11:52

SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

Chiropractic  i) of the entity or individual(s) doing ne:  Complete Address  2999 N Harber Lane # Zei  Boise, ID \$3703
der the assumed business name is:  and Public Utilities  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
Secretary of State use only

10AHO SECRETARY OF STATE
05/11/2005 05:00
CK: 1087 CT: 158010 BH: 809831
1 0 25.00 = 25.00 ASSUM NAME # 2

