



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2004 JUN 21 P 2:37

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:

Gray Chiropractic Center

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

Don R. Gray D.C.

13125 Peissman Ln Ste 175

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

☐

Retail Trade

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Construction

☒

Services

☐

Agriculture

☐

Manufacturing

☐

Mining

☐

Finance, Insurance, and Real Estate

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

13125 Peissman St 175  
Boise, IDAHO 83713

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):

SAME

Phone number (optional):

208-854-0600

Signature: [Signature]

(signature required)

Printed Name: Don R. Gray D.C.

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn\_forms\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE

06/21/2004 05:00

CK: CASH CT: 158810 BH: 751569

1 @ 25.00 = 25.00 ASSUM NAME # 2

D 77514