



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

Instructions are included on back of application.

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

UpperCervicalPro.com

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

www.UPPERCERVICALPRO.com, LLC.

(W111353)

Complete Address

5975 Overland Rd., Boise, ID 83709

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input 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:

Dr. Grayson Blom, B.Sc., D.C.

5975 Overland Rd.

Boise, ID 83709

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Grayson Blom

Printed Name: Grayson Blom

Capacity/Title: Blom > SEO

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
02/23/2012 05:00
CK: 161 CT: 267322 BH: 1311927
1 B 25.00 = 25.00 ASSUM NAME # 2

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