

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2004 JUN 16 A 18: 18

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

SECRETARY OF STATE
STATE OF IDAHO

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:

Southern Idaho Naturopathic Clinic

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

<u>Name</u>	<u>Complete Address</u>
<u>Dr. Richard A.M. Powell</u>	<u>409 Shoshone St. South #12</u>
	<u>Twin Falls ID 83301</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:

1884 Skyline Drive
Twin Falls, Idaho 83301

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

Signature: Richard A.M. Powell
(signature required)

Printed Name: Richard A.M. Powell

Capacity/Title: Owner/Doctor of Chiropractic Med.
(see instruction # 11 on back of form)

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

Phone number (optional):

208-733-2610

Secretary of State use only

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IDAHO SECRETARY OF STATE
06/16/2004 05:00
CK: 616113816626SLD CT: 172899 BH: 750730
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 77352

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2004 JUN 16 A 11:18

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

SECRETARY OF THE STATE
BOISE, IDAHO

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:

Southern Idaho Naturopathic Clinic

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

Dr. Richard A.M. Powell

409 Shoshone St. South #12

Twin Falls ID 83301

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

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

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

1884 Skylane Drive

Twin Falls, Idaho 83301

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

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

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700 West Jefferson
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PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-733-2610

Secretary of State use only

Signature: Richard A.M. Powell
(signature required)

Printed Name: Richard A.M. Powell

Capacity/Title: Owner/Doctor of Chiropractic
(See instruction # 8 on back of form)

ID-53 (Rev. 04/2003)

IDAHO SECRETARY OF STATE
06/16/2004 05:00
CK: 616113816626SLD CT: 172899 BH: 758738
I @ 25.00 = 25.00 ASSUM NAME # 2

D 77353