



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

FILED

JUN 14 PM 2:27
SECRETARY OF STATE
STATE OF IDAHO

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

Caring Chiropractic Health Center

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

Name

Complete Address

Dr. David R. Long, D.C.

497 Eastland Dr.

Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is (mark only those that apply)

☒ Retail Trade



Manufacturing



Transportation and Public Utilities

☐ Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate

☒ Services



Construction



Mining

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

Phone number (optional): (208) 736-1976

Dr. David R. Long, D.C.

497 Eastland Dr.

Twin Falls, ID 83301

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

Submit Certificate of
Assumed Business
Name and \$20.00 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

Signature: [Signature]

Printed Name: David R. Long, D.C.

Capacity: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

06/14/1999 09:00
CK: 3376 CT: 116004 DN: 225402

1 @ 20.00 = 20.00 ASSUM NAME # 2

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