



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2016 MAR 24 AM 9:38

1. The assumed business name is: SYNERGY CHIROPRACTIC AND NUTRITION SECRETARY OF STATE
STATE OF IDAHO
2. The assumed business name was filed with the Secretary of State's Office on 12/28/2012 as file number D159999.
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: _____
5. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:
- Add: ☐ Delete: ☒ SYNERGY, PC C196958 5418 N. EAGLE ROAD, STE. 120 BOISE, ID 83713
(Name) (Address)
- Add: ☒ Delete: ☐ SYNERGY CHIROPRACTIC, PLLC 5418 N. EAGLE ROAD, STE. 120 BOISE, ID 83713
(Name) (Address)
- Add: ☐ Delete: ☐ W1163493
(Name) (Address)

6. ☒ The type of business is amended to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

7. ☒ Amend mailing address for future correspondence to:

SYNERGY CHIROPRACTIC, PLLC
(Name)
5418 N. EAGLE ROAD, STE. 120
(Address)
BOISE ID 83713
(City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Andrew C. Kinner, DC

Signature: [Signature]

Printed Name: Kary L Kreusel, DC

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/24/2016 05:00

CK:1045 CT:321499 BH:1520230

10 10.00 = 10.00 ASSUM AMEN #2

D159999