CERTIFICATE OF ASSUMED BUSINESS NAME

2012 NOV -5 AM 10: 36

FILED EFFECTIVE

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. Instructions are included on back of application.

1. The assumed business name which the business is:	undersigned use(s) in the transaction of
Pop In! Chiropractic	
The true name(s) and <u>business</u> address business under the assumed business name Name	
Jana Hull	320 E Neider Ave Ste 105 Coeur d'Alene, Id 83815
Brian Hull	320 E Neider Ave Ste 105 Coeur d'Alene, Id 83815
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Jana Hull 320 E. Neider Ave. Suite 105	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
Coeur d'Alene, Id 83815	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
Signature: Wall D.C.	Secretary of State use only
Printed Name: Jana Hull, D.C.	_
Capacity/Title: Owner	_
Signature: WM TWO DC	- IDAHO SECRETARY OF STATE - 11/05/2012 05:00
Printed Name: Brian Hull, D.C.	CK: 5190 CT: 247922 BH: 1346509 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: Owner	_

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