



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2003 NOV 28 AM 8:44

STATE OF IDAHO

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

Holland Chiropractic & Rehab

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

Holland Chiropractic & Rehabilitation, P.C.

2086 Addison Avenue East

C151889

Twin Falls, Idaho 83301

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

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

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

2086 Addison Avenue East

Twin Falls, Idaho 83301

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

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

Robyn M. Brody, Esq.

P.O. Box 389

Twin Falls, Idaho 83303

Phone number (optional):

734-7510

Signature: _____

(signature required)

Printed Name: John Holland

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/28/2003 05:00
CK: 39165 CT: 2050 BH: 713006
1 @ 25.00 = 25.00 ASSUM NAME # 3

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