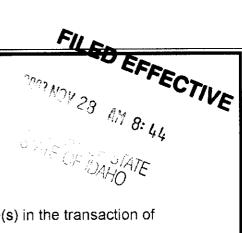


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Holland Chiropractic & Rehab	
The true name(s) and business address(es) of to business under the assumed business name: Name Holland Chiropractic & Rehabilitation, P.C. C 15/889	he entity or individual(s) doing Complete Address 2086 Addison Avenue East Twin Falls, Idaho 83301
The general type of business transacted under	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 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.	Phone number (optional): 734-7510
P.O. Box 389	Secretary of State use only
Twin Falls, Idaho 83303	
nature: John Holland Segment (see instruction # 8 on back of form)	IDAHO SECRETARY OF ST 11/28/2003 05 CK: 39165 CT: 2050 BH: 1 8 25.00 = 25.00 ASSUM