

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type of print legibly. See instructions on other page.)

OCT 29 AM 9:51
SECRETARY OF STATE
STATE OF IDAHO

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.

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

dba Bio-Mechanics Clinic

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

NameComplete AddressHarold J. KlassenP.O. Box 367 Aberdeen, Idaho 83210Joan H. KlassenP.O. Box 367 Aberdeen, Idaho 83210

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

- | | | |
|--|--|--|
| <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"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): _____

Harold J. KlassenP.O. Box 367Aberdeen, Idaho 83210

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

FIRST SECURITY BANK N.A.COMMERCIAL LOAN DOCUMENTATION CENTERP.O. BOX 8203BOISE, IDAHO 83707

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

FORM 100-100-100-100-100-100

10/29/97 10:51 AM
CK: 1513 CI: 1031 BH: 50366

10 20.00 = 20.00 ASSUM NAME

Signature: Harold J. KlassenPrinted Name: Harold J. Klassen Joan H. KlassenCapacity: Owner Owner

(see instruction # 8 on other sheet)

09297