	CERTIFICATE OF ASSU (Please type or print legibly.	JMED BUSINESS NAME See instructions on reverse.)
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 ubusiness is:	
	Health Dynamics Chiropractic	
2.	The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing ame is/are:
	Name	Complete Address
	Robert K. Zigler, D.C.	5212 N. Turret Way, Boise, 83703
		:
3.	The general type of business transacted to (mark only those that apply)	under the assumed business name is:
	Retail Trade Manufacturir Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): 208-345-0969
	Robert K. Zigler, D.C.	Submit Certificate of
	1819 W. State St.	Assumed Business Name and \$20.00 fee to:
	Boise, ID 83702	Secretary of State
	Name and address for this acknowledgme copy is (if other than # 4 above).	700 West Jefferson
		Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	re: Robert Sistr D.C.	IDAHO SECRETARY OF STATE 11/16/1998 @9=@@ CK: 1185 CT: 186796 BH: 161698
Printed	Name: Robert K. Zigler, D.C.	1 @ 20.00 = 26.00 ASSUM NAME # 2

Capacity: Owner / Sole Proprietor

(see instruction # 8 on back of form)

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