



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 NOV -4 PM 4: 58

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

TEAM Design

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

Name

TEAM Clinic Chiropractic & Sports Med. LLC

(W47009)

Complete Address

4700 N. Cloverdale Rd #103, Boise, ID 83713

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

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input checked="" type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

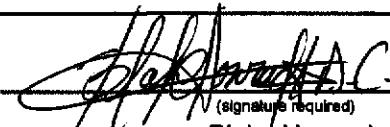
4. The name and address to which future correspondence should be addressed:

4700 N Cloverdale Rd. Suite #103

Boise, ID 83713

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

Signature:


(signature required)

Printed Name:

Blake Howard

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
11/05/2009 05:00
CK: 25 CT: 158810 BH: 1194101
1 @ 25.00 = 25.00 ASSUM NAME # 2

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