| (Please type or print legibly) | |
|---|--|
| 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 use(s) in the transaction of business is: Adkins Chiropractic | |
| | |
| 2 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | |
| Gloria Adkins dba Adkins Chimper 155 S. Arthur | |
| Pocati | ello, ID 83204 |
| | |
| 3 The general type of business transacted under the assumed business name is: (mark only those that apply) | |
| Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining | |
| 4 The name and address to which future | |
| correspondence should be addressed: Paul K. Bowers alba Adkins Chiropaetic | Submit Certificate of |
| 155 S. Arthur | Assumed Business Name and \$20.00 fee to: |
| Pocatello ID 83204 | Secretary of State |
| 10001010 , 110 83204 | 700 West Jefferson |
| Name and address for this acknowledgment | Basement West PO Box 83720 |
| COPY IS (if other than # 4 above). | Boise ID 83720-0080 |
| Paul K. Bowers | 208 334-2301 |
| 675 N. 724 24 | Secretary of State use only |
| Pocarello, ID 83201 | IDANO SECRETARY OF STATE |
| Signature: 10, Hlaria (Idhina | 93/27/2001 99:00 CK: 1119 CT: 144174 RH: 347289 |
| Chi Alki Oa | 1 8 28.66 = 26.88 ASSUM NAME # 2 |
| Capacity: Owner (see instruction # 8 on back of form) | |
| (see instruction # 8 on back of form) | 543894 |