



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED/EFFECTIVE**

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

01 AUG 28 AM 9:55

1. The assumed business name which the undersigned ~~uses~~ ~~uses~~ in the transaction of business is:

The Chiropractic Difference

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

Name  
Chandler Chiropractic, PA  
(C-140349)

Complete Address  
212 12th Ave Rd.  
Nampa, Id 83686

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 \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Thad J. Chandler, DC  
212 12th Ave Rd  
Nampa, Id 83686

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

Phone number (optional):

461-6523

Secretary of State use only

Signature: Thad J. Chandler, DC

Printed Name: THAD J. CHANDLER D.C.

Capacity: President

(see instruction # 8 on back of form)

Form 53-504  
Revised 01/2001

IDaho SECRETARY OF STATE  
08/28/2001 05:00  
CK: 1718 CT: 150600 BH: 415989  
1 0 20.00 = 20.00 ASSUM NAME # 2  
D 47947