

FILED**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO **99 JUL 13**
 Pursuant to Section 53-504, Idaho Code, the undersigned **8:56**
 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:

Callis Chiropractics

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

Name DR GREGORY B CALLIS Complete Address 2053 E FAIRVIEW AVE #115
MERIDIAN, ID 83642

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): _____

DR CALLIS
430 W WATERBURY
MERIDIAN, ID 83642

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

07/13/1999 09:00
 CK: 1060 CT: 117936 BH: 233450

1 @ 20.00 = 20.00 ASSUM NAME # 2

D27528

Signature: Gregory B Callis

Printed Name: Gregory B Callis

Capacity: Owner / Doctor

(see instruction # 8 on back of form)

Revision 2/97

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