

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.

2013 SEP -9 AM 9: 39

Please type or print legibly. Instructions are included on back of application.

SECRETATE OF IDAHO

The assumed business name which the und business is:	ગાંતા છે. ગાંધા કાંગ્રેસ્ટ્રે
mountain View Fami	ly Chiropractics
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Clinton James Low D.C. Sarah lown Low	e: <u>Complete Address</u>
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Clinton J. Low D.C. Lecome, ID. 83338 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Mw Tow Printed Name:Clint J. Low	Secretary of State use only
Capacity/Title: Doctor of Chiropractics Signature: Largh Cl. for	IDAHO SECRETARY OF STATE
Printed Name: Sarah T. Lou)	09/09/2013 05:00 CX: 750 CT: 287264 BH: 1389183
Capacity/Title: <u>Secretary</u>	1 E 50.00 = 50.00 ASSUM NAME # 2

D165630