

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO 98 JUN -4 AM 8:55
 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:

CLEARWATER CHIROPRACTIC & ACUPUNCTURE

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

<u>Name</u>	<u>Complete Address</u>
<u>GROVER L. MALLARD</u>	<u>Rt. 1 Box 205B, Lapwai, Idaho 83540</u>
<u>SUSAN AUBUCHON</u>	<u>3515 11th St. C. Lewiston, ID 83501</u>

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:

CLEARWATER CHIROPRACTIC & ACUPUNCTURE

3320 10th St.

Lewiston, Idaho 83501

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

SEAPORT CITIZENS BANK

P. O. Box 1268

Lewiston, Idaho 83501

Signature: X Susan Aubuchon 6-24

SUSAN AUBUCHON

Printed Name: GROVER L. MALLARD

Capacity: Partners

(see instruction # 8 on back of form)

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

06/04/1998 09:00
 CK: 37337 CT: 6113 IN: 116748

1 @ 20.00 = 20.00 ASSUM NAME

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