S

(see instruction # 8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

1)87505

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

2005 MAY -5 AM 9: 26

STATE OF BUAHU

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Parma Chiropractic	Family Spine & Sports Center
P. The true name(s) and business address business under the assumed business in Name Shawn A. Rudkin & Associates, P.C.	
The general type of business transacted. Retail Trade Transporta	d under the assumed business name is:
 Wholesale Trade ☐ Constructing Manufacturing ☐ Mining Finance, Insurance, and Real Est 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Shawn A. Rudkin	Secretary of State 700 West Jefferson Basement West PO Box 83720
8752 W. Overland Rd Ste 110 Boise, ID 83709	Boise ID 83720-0080 - 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	Phone number (optional): 323-2833
	Secretary of State use only
nature: Shaum a. Rudkin (signature required) ted Name: Shawn A. Rudkin acity/Title: President	- IDANO SECRETARY OF STATE - USANO SECRETARY OF