



# 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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

05 JUN - 1 PM 2:25

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Duncan Family Chiropractic Center

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

Name	No	Complete Address
<u>Michael A. Duncan, D.C.</u>	<u>224</u>	<u>Sunrise 860 Beacon</u>
		<u>Boise, ID 83706</u>

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	

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

Michael A. Duncan, D.C.  
860 Beacon  
Boise, ID 83706

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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

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

Phone number (optional):

(208) 386-3210

Secretary of State use only

Signature: Michael A. Duncan, D.C.

(signature required)

Printed Name: Michael A. Duncan, D.C.

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDABO SECRETARY OF STATE  
06/01/2005 05:00  
CK: 2626 CT: 158818 BH: 813662  
1 # 25.00 = 25.00 ASSUM NAME # 2

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