CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business National TARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Accident and Injury Clinic of Nampa 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Healthy Family Chiropractic, P.C. 107 14th Avenue South, Nampa, ID 83651 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Minina Services 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Carl R. Glaettli, II, D.C. Name and \$20.00 fee to: 107 14th Avenue South Secretary of State Nampa, ID 83651 700 West Jefferson Basement West 5. Name and address for this acknowledgment PO Box 83720 CODV is (if other than # 4 above): Boise ID 83720-0080 208 334-230**1**° Rick D. Bailey 805 W. Idaho Street, Suite 403 Secretary of State use only Boise, ID 83702

IDAHO SECRETARY OF STATE

08/05/1999 09:00 CK: 2318 CT: 114515 BH: 239718

1 8 28.88 = 28.88 ASSLM NAME # 2

Signature:

Printed Name: Carl R. Glaettli, II, D.C.

Capacity: President

(see instruction # 8 on back of form)