CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED (EFFECTIVE)
01 DEC 10 AM 10:20
SECRETARY OF STATE
STATE OF IDAHO

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 Name.

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

   Bonners Ferry Chiropractic

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

Name	Complete Address
Daniel Moore	6843 main Street
	Bonners Ferry, ID 83805

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

☐ Retail Trade	☐ Manufacturing	☐ Transportation and Public Utilities
☐ Wholesale Trade	☐ Agriculture	☐ Finance, Insurance, and Real Estate
☒ Services	☐ Construction	☐ Mining

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

   Phone number (optional): _____

   Daniel Moore, DC
   6843 Main St.
   Bonners Ferry, ID 83805

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

   Same

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

Signature: Daniel F Moore

Printed Name: Daniel Moore

Capacity: Owner
(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
12/10/2001 05:00
CK: 2634 CT: 154431 BH: 433599
1 @ 20.00 = 20.00 ASSUM NAME # 3

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