



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE
2012 SEP 10 AM 10:04
SECRETARY OF STATE
STATE OF IDAHO

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

Moscow Chiropractic Clinic

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

<u>Name</u>	<u>Complete Address</u>
<u>Larry W. Hammond, D.C.</u>	<u>200 S. Almon St, Ste 102, Moscow</u>
	<u>IDA 83843</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:

Larry W. Hammond, D.C.
200 S. Almon St, Suite 102
Moscow, ID 83843

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Larry W. Hammond, D.C.

Printed Name: Larry W. Hammond, D.C.

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
09/11/2012 05:00
CK: 2851 CT: 274138 BH: 1339278
1 @ 25.00 = 25.00 ASSUM NAME # 2

D157993