CERTIFICATE OF ASSU (Please type or print legibly.	
To the SECRETARY OF STATE, ST. Pursuant to Section 53-504, Id gives notice of adoption of an	= '''' (U''   ()
<ol> <li>The assumed business name which the interest business is:</li> </ol>	undersigned use(s) in the transaction of
Family Chiropractic Hea	1th Center
<ol><li>The true name(s) and business address( business under the assumed business na</li></ol>	
Gary R. Gardner D.C.	P.O. Box 582
	1119 Banks Lownan Rd UnitB. Garden Valley ID 83622
	Garden Valley ID 83622
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
Cary R. Gardner D.C. P.O. Box 582	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Carden Valley ID 83622  5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
1 2 1	IDANO SECRETARY OF STATE  95/22/2000 09:00
Signature: fan K. fan St.	CK: 1553 CT: 131411 BH: 319996
Printed Name: <u>Gary R Gardner</u> Capacity: Owner/ Pragriefor	35997
(see instruction # 8 on back of form)	) 35997