

# CERTIFICATE OF ASSUMED BUSINESS NAME

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:

LIFE CHIROPRACTIC CENTER

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

Address

David A. Jackson, D.C.

1080 West Boise Ave, Boise, ID 83706

3. The general type of business transacted under the assumed business name is:

Medical

See categories on the reverse

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

David A. Jackson, D.C.

1080 West Boise Ave., Boise, ID 83706

Signed [Signature]

By [Signature]

Capacity

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only  
IDAHO SECRETARY OF STATE

08/19/1997 09:00  
CK: 1279 CT: 2781 BH: 31875

1 @ 20.00 = 20.00 ASSUM NAME

D 7368

Revision 10/86

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STATE OF IDAHO