

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

By

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: 31075

1 @ 20.00 = 20.00 ASSUM NAME

Revision 10/96

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