

CERTIFICATE OF ASSUMED BUSINESS NAME

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



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.

MAY 6 12 59 PM '97

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

Clarke Chiropractic Clinic

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
<u>Bones P.A.</u>	<u>1675 N. Maple Grove Rd.</u>
	<u>Boise ID 83704</u>

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 376-4940

Clarke Chiropractic Clinic
1675 N. Maple Grove Rd
Boise ID 83704

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 05/06/1997
0900 89975 2
CK #: CASH CUST# 80267
ASSUM NAME 1@ 20.00= 20.00

: D 4203

Signature: Dr. Michael Clarke

Printed Name: Dr. Michael Clarke

Capacity: President

(see instruction # 8 on back of form)