



# 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.**

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

35428 PM 2:35

SEAL OF THE STATE  
OF IDAHO

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

# Thompson Chiropractic

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

Name

Erik Thompson

Complete Address

2999 N. Harbor Ln Ste 201  
Boise, ID 83703

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

- ☐ Retail Trade      ☐ Transportation  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

Erik Thompson

2999 N. Harbor Ln Ste 201

Borse, ID 83703

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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

(208) 853-2277

Signature:

*[Signature]*  
(signature required)

(signature required)

Printed Name:

Erik Thompson

Capacity/Title:

Owner

(see instruction # 8 on back of form)

**Secretary of State use only**

Revised 04/2003

IDAHO SECRETARY OF STATE  
01/28/2005 05:00  
CK: 6356 CT: 150010 BH: 789949  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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