



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE
2017 DEC 26 AM 11:21

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

N. Rowan Richards, DC, DABC1

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

N. Rowan Richards 727 Lee Court, Twin Falls, ID 83301
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

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

4. Mailing address for future correspondence:

Dr. N. Rowan Richards
(Name)

727 Lee Court
(Address)

Twin Falls, ID 83301
(City) (State) (Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: N. Rowan Richards, DC, DABC1

Signature: N. Rowan Richards, DC, DABC1

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/27/2017 05:00

CK:1478 CT:350232 BH:1618163
1@ 25.00 = 25.00 ASSUM NAME #2

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