



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

2017 APR 21 AM 10:50

SECRETARY OF STATE
STATE OF IDAHO

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

White Pine Chiropractic

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):

John K. Maltby II, D.C. 1299 E Iron Eagle Dr STE 130 Eagle ID 83616
(Name) (Address)

Jennifer Maltby, D.C. 1299 E Iron Eagle Dr STE 130 Eagle ID 83616
(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 | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

John Maltby II, D.C.
(Name)
1299 E Iron Eagle Dr STE 130
(Address)
Eagle ID 83616
(City) (State) (Zipcode)

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

John Maltby II, D.C.
(Name)
2365 E Beacon Light Rd
(Address)
Eagle ID 83616
(City) (State) (Zipcode)

Printed Name: John Maltby II, D.C.

Signature: [Signature]

Printed Name: Jennifer Maltby, D.C.

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/21/2017 05:00
CR:1211 CT:338372 BH:1580332
1@ 25.00 = 25.00 ASSUM NAME #2

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