Filing Fee: $50.00 **ID Number:** 95114

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: Eastside Chiropractic Center, Inc.
2. The fictitious business name to be used is The Back Mobile
3. The state or territory under the laws of which it is incorporated, organized or formed is RI
4. The date of incorporation, organization or formation is June 1997
5. If a business corporation, the address of its registered office within Rhode Island is 511 Broadway Providence RI 02909
6. If a business corporation, the business in which it is engaged chiropractic services
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 4-3-09

Eastside Chiropractic Center, Inc.
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

_____
Signature of Authorized Person for the Limited Partnership

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CORPORATIONS DIV
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Form No. 624
Revised: 12/05