CERTIFICATE OF ASSUMED BUSINESS NAME ECTIVE

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.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
, East Mouriain (Collège of Massage and Holistic Médicine
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Address
EAST MOUNTAIN ASSOCIATES	LLC 16 12TH AVE STE #205 NAMPA ID 83651
W14232	NAMPA ID 83651
3. The general type of business transacted under the assumed business name is:	
SERVICES	
See categories on the reverse	
4. The name and address to which correspondence should be addressed: EAST MOUNTAIN ASSOCIATES, LLC	
16 12TH AVE STEE 2	-05, NAMIA IO 83651
Signed & Balette R. Gray	
BY BOBETTE R. BRAY	
Capacity MANAGING MEMBER	
Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #
business Name and \$20.00 fee to:	Secretary of State use only
Secretary of State	
700 West Jefferson PO Box 83720	Revision 10/96
Boise ID 83720-0080	*
	IDAHO SECRETARY OF STATE
	IDAHO SECRETARY OF STATE 9/17/2002 05:00 CK: 1233 CT: 158810 BH: 488583 1 2 20.80 = 20.00 ASSUM NAME # 2

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