CERTIFICATE OF ASSUM	MED BUSINGE NAME
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-504, Idaho Code adoption of an Assumed Business Name.	MED BUSIN HEED AME DAHO ON MAR 3 CHO STATE OF
 The assumed business name which the und business is: 	iersigned usa(s) in the transaction of
NORTH IDAHO ACUPUNCT	URE
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Address	
THERESE HAHN	P.O. BOX 341 COCOLALLA 83813
3. The general type of business transacted un	der the assumed business name is:
SERVICES -	
See categories on the reverse	
4. The name and address to which correspondence should be addressed: NORTH FDAHO ACUPUNCTURE P.O. BOX 341 COCOLALLA FDAHO 83813	
Signed	Thouse Hahim. L. Ac.
Ву	THERESE HAHN LAC.
Canacity 9	role proprietor-owner
	propriems owne
Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #
Commenced Chair	Secretary of State use only
Secretary of State 700 West Jefferson	IBAHO SECRETARY OF STATE 93/30/2000 09:00
PO Box 83720	
Boise ID 83720-0080	CK: 12040 CT: 129044 3H: 304103
encl. ck # 12040	34519