

FILED EFFECTIVE

2007 JUL 20 PM 2:18

SECRETARY OF STATE
STATE OF IDAHO

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

Transformational Therapies

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Complete Address

Slichter Enterprises

106 East Park Street, Suite 214, McCall, ID 83638

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

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

- 4. The name and address to which future correspondence should be addressed:**

Slichter Enterprises, Inc.

P.O. Box 422

McCall, Idaho 83638

**Submit Certificate of
Assumed Business
Name and \$25.00 fee to:**

**Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301**

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

Phone number (optional):

208-315-3003

Secretary of State use only

Signature:

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

ona Lee Silchter

Partner

Beaufort 04/2013

IDAHO SECRETARY OF STATE
07/20/2007 05:00
CK: 1735 CT: 215637 BH: 1066700
1 @ 25.00 = 25.00 ASSUM NAME # 4

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