

(see instruction # 8 on back of form)

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 09 JUN -2 PM 12: 02 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigne business is:  Healthy House	
2. The true name(s) and business address(es) of the elements business under the assumed business name:  Name  Heathor Ann Conz  503	Complete Address  Victoria Dr.  SC., TD.
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Heather House	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
503 Victoria Drive Boise, ID 83705	(208) 334-2301
5. Name and address for this acknowledgment copy is (If other than # 4 above):	
- Al An Al	Secretary of State use only

Revised 04/2003

IDAHO SECRETARY OF STATE

06/02/2009 05:00

CK: 1399 CT: 237684 BH: 1172923
1 0 25.00 = 25.00 ASSUM NAME ::

