



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assume:

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

HEALING WAYS

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

AMANDA TUEIC

Complete Address

1020 W. MAIN, SUITE 220
BOISE, ID 83702

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 | |

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

AMANDA TUEIC - HEALING WAYS
1020 W. MAIN ST., SUITE 220
BOISE, ID 83702

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

SAME

Signature: [Signature]

(signature required)

Printed Name: AMANDA TUEIC

Capacity/Title: SOLE PROPRIETORSHIP

(see instruction # 8 on back of form)

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

Phone number (optional):

447 9033

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/11/2005 05:00
CK: 1074 CT: 150010 BH: 786574
1 @ 25.00 = 25.00 ASSUM NAME # 2