



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 JUN 23 AM 8:51

 SECRETARY OF STATE
STATE OF IDAHO

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

PATHWAY OF WELLNESS

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Anne Yellow Kidney

(Name)

THE GATEWAY, 613N RIVER STREET. HAILEY. ID 83333

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Anne Yellow Kidney

(Name)

P.O. Box 2793,

(Address)

HAILEY.

(City)

ID

(State)

83333

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Anne E Yellow Kidney

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/23/2016 05:00

CK:2247 CT:326059 BH:1534754
16 25.00 = 25.00 ASSUM NAME #2

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