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|---|---|
| CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) | |
| To the SECRETARY OF STATE, STATE OF IDAHO FILED Pursuant to Section 53-504, Idaho Code, the undersigned DEC -7 AM II: 06 gives notice of adoption of an Assumed Business Name. | |
| SECRETARY UP STATE 1. The assumed business name which the undersigned use(s) in the transaction BAHO business is: <u>Idaho Wellness Partners</u> | |
| 2. The true name(s) and business address(es) of the entity or individual(s) doing | |
| business under the assumed business name is/are: <u>Name</u> <u>Steven L. Schneider</u> <u>3818 Catalpa Dr., Boise, Id. 83703</u> | |
| | ountain Rd., Boise, Id 83702 |
| | |
| 3. The general type of business transacted under the assumed business name is: (mark only those that apply) | |
| Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining | |
| 4. The name and address to which future Phone number (optional): | |
| <u>Steven Schneider</u> 3818 Catalpa Pr. | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| Boise, Id. 83703 | Secretary of State 700 West Jefferson |
| 5. Name and address for this acknowledgment copy is (if other than #4 above): | Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | Secretary of State use only IDAHO SECRETARY OF STATE |
| Signature: | 12/07/1998 09:00 CK: 2473 CT: 73535 DH: 167787 1 @ 20.00 = 20.00 ASSUM NAME # 2 |
| Printed Name: <u>Steven Schneider</u> Capacity: <u>MANACING</u> ORRINE (see instruction # 8 on back of form) | D 206.09 |
| (see instruction #8 on back of orm) | |

STREET COLUMN

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