

CERTIFICATE OF ASSUMED BUSINESS NAME

FILID/IFFICY.

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

DEC 7 4 20 PM *01

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRES JE

The assumed business name which the understand business is: Functional Healing	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Vickie T. Craig, C.P.H.T.	the entity or individual(s) doing Complete Address
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	
Vickie J. Craiq 760 Warmanum Ste G Buse TD 83112 5. Name and address for this acknowledgment copy is (if other than #4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): (208) 7/3 - 8/72
Signature: <u>Vickee T. Craig</u> Printed Name: <u>Vickie I. Craig</u> Capacity: <u>Ownero</u> (see instruction #8 on back of form)	Secretary of State use only Solver 100000