



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 AUG 15 PM 1:49

SECRETARY OF STATE
STATE OF IDAHO

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:

Acacia Wellness Center [Redacted]

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

Name	Complete Address
<u>5 Peppers Inc</u>	<u>27770 Middle Road, Wilder ID 83676</u>
<u>(C172879)</u>	

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

5 Peppers Inc
27770 Middle Road
Wilder, ID 83676

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Deo Peppersack
(signature required)

Printed Name: Deo Peppersack

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

g:\compliance\forms\slabn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
08/15/2008 05:00
CK: 1010 CT: 220663 BH: 1131872
1 @ 25.00 = 25.00 ASSUM NAME # 2

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