



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 JUL -6 AM 9:11

SECRETARY OF STATE  
STATE OF IDAHO

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

Post Falls Naturopathic Clinic

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

Name  
PFNC, INC  
(C183599)

Complete Address

1596 E Selbee Way  
Post Falls 10 83854

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

<input checked="" 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:

PFNC, INC  
1596 E Selbee Way  
Post Falls 10 83854

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):

\_\_\_\_\_  
 \_\_\_\_\_

Secretary of State use only

Signature: Wade Lachman  
(signature required)

Printed Name: Wade Lachman

Capacity/Title: President

(see instruction # 8 on back of form)

g1corpformstateform5101.pdf  
Revised 04/2003

IDaho SECRETARY OF STATE  
07/06/2009 05:00  
CX: 203 CT: 238553 BH: 1177523  
1 0 25.00 = 25.00 ASSUM NAME N 2

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