



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 APR 27 AM 9:11

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:

A Place to Heal

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

Lori Bybee Smith

P.O. Box 2633
Hailey ID 83333

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

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Lori Bybee Smith
P.O. Box 2633
Hailey ID 83333

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

Phone number (optional):

(208) 720-9238

Secretary of State use only

Signature:

Lori Bybee Smith
(Signature required)

Printed Name:

Lori Bybee Smith

Capacity/Title:

OWNER

(see instruction # 8 on back of form.)

Disclosed in Form by DTS
Printed 04/27/2005

IDaho SECRETARY OF STATE
04/27/2005 05:00
CK: 1307 CT: 158010 BH: 007013
1 E 25.00 = 25.00 ASSUM NAME # 2

D 87185