227	
CERTIFICATE OF	
ASSUMED BUSINESS I	NAME FILED/EFFECTIVE
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. STATE OF IDAHO	
HOTE. See instructions on reverse before hinig.	
1. The assumed business name which the undersigned use(s) in the transaction of	
The Healing Former of Doise	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Jacqueline the Kristeren >	7113 2 Shady Bark Lake
	Partin City, Id 83717
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Janqueline Les Fristersen	PO Box 83720
18113 a Shady Back Lane	Boise ID 83720-0080 208 334-2301
Thirden City, del 53714	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	
	(208) 322-7220
	Secretary of State use only
	99 d'i
Signature: Gerulling The Fustensen	orms/ab
Printed Name: Hacqueline Ver Kristensen	IDANO SECRETARY OF STATE IDANO CK: 1537 CT: 158010 IDANO IDANO SECRETARY OF STATE IDANO CK: 1537 CT: 158010 BH: 486293 IDANO IDANO IDANO IDANO IDANO IDANO IDANO
Capacity:	IDAHO SECRETARY OF STATE 100210 1004/2002 05 = 00 100210 CK: 1537 CT: 158010 BH: 486293 100200 1000 20.00 ASSUM NAME # 2
(see instruction #8 on back of form)	D57961