

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

10 AUG 11 PM 1:13

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE

<ol> <li>The assumed business name which the un- business is:</li> </ol>	dersigned use(s) in the transaction of
	P +
Boise Holistic Heali	ng Center
2. The true name(s) and business address(es	) of the entity or individual(s) doing
business under the assumed business nam	
Name	- Complete Address
Kick Milbern	Boise ID 83709
Belen Milburn	Boise, ID 83709
	<u> </u>
3. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Services Agriculture	Out with Continue of
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
☐ Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Rick or Belen Milburn	PO Box 83720 Boise ID 83720-0080
680 5 Browning Ave	208 334-2301
Boise ID 83709	
<ol><li>Name and address for this acknowledgmen copy is (if other than # 4 above):</li></ol>	nt .
copy to (it office diant # 4 above).	
	Secretary of State use only
Signature: Aux R. Mill	
DI D MII	041331
Capacity/Title: Owner	2/4/224
Signature: A. M. M.	IDAHO SECRETARY OF STATE
Distribution of the Mill	OB/11/2010 05:00 CK: 5003 CT: 250322 BH: 1234363 1 0 25.00 = 25.00 ASSUN NAME # 2
Printed Name: ///ok /. ////burn	- 2 which print than the sail in the sail