



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.

FILED/EFFECTIVE

02 APR 25 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:

The Healing Forrest

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
Teri Forrest	406 Polly St.
Dan Forrest	Troy, ID 83871

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:

The Healing Forrest
406 Polly St
Troy, ID 83871

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

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

Phone number (optional):

Signature: Teri Forrest

Printed Name: Teri Forrest

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
04/25/2002 05:00
CK: 2359 CT: 159069 BH: 461594
1 @ 20.00 = 20.00 ASSUM NAME # 2

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