	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)		
	To the SECRETARY OF STATE, STATE OF IDAHO 99 007 13 41 9: 36 Pursuant to Section 53-504, Idaho Code, the undersigned		
gives notice of adoption of an Assumed Business Name.			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Vista Acapanature & Cepter for Health		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Anthony Borgerbing 2002 S	mplete Address . Vista Aue., Boise_ID 84705	
3.	. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Wholesale Trade ☐ Agriculture ☐ Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	. The name and address to which future Phone number (optional):		
	2002 S. Dista AVE. Boise, ID 83705"	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
		Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgment	Basement West	
	COPY is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080	
		208 334-2301	
	88	Secretary of State use only IDAHO SECRETARY OF STATE	
Cianat	Revision 1788	10/13/1999 09:00 Ck: 1168 CT: 121677 PH: 257696	
1 @ 20.00 = 20.00 ASSUM NAME # 2			
Printed Name: ANTHONY BORGERDING			
Capacity: Sole Plonieton (see instruction # 8 on back of form) D29955			