



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 JUN -6 AM 8:33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Family Dynamic Health & Wellness

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Deborah A. Casto

Complete Address

2995 North Cole Rd. - Suite 200A, Boise, ID 83704

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> 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:

Debi A. Casto

3204 Frontier Way

Boise, ID 83713

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

Phone number (optional):

208-863-7945

Signature:

(signature required)

Printed Name:

Debi A. Casto

Capacity/Title:

Owner

(see instruction # 8 on back of form)

g1ccrformabn formabn.p65
Revised 04/2003

Secretary of State use only

010570
IDaho SECRETARY OF STATE
06/06/2006 05:00
CK: 97 CT: 150010 BH: 958503
1 0 25.00 = 25.00 ASSUM NAME # 2