

Capacity/Title: Owner

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

D170423

2014 APR 11 AM 9: 1

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

 The assumed business name which the business is: 	undersigned use(s) in the transaction of
BeWell Village	
2. The true name(s) and <u>business</u> address business under the assumed business in Name Davio Consulting, LLC (W.95799)	
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining	ation and Public Utilities ion
Finance, Insurance, and Real Est 4. The name and address to which future correspondence should be addressed: Carina Davio 2885 S. Swallowtail Lane Boise, ID 83706	
5. Name and address for this acknowledged copy is (if other than # 4 above):	ment
Signature: Joe David	Secretary of State use only
Capacity/Title: Owner/President Signature: Carina Davio	IDAHO SECRETARY OF STATE 04/11/2014 05:00 CX: 1809 CT: 295567 BH: 1419843 1 8 25.00 = 25.08 ASSUM NAME # 2