



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 AUG 28 PM 1:30

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction Sharon Hammer Counseling

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

SRH Wellness, LLC 1048 N. Torrey Pines Ave., Eagle, ID 83616
(Name) (Address)

W160795
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Sharon R. Hammer
(Name)
1048 N. Torrey Pines Ave.
(Address)
Eagle ID 83616
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Sharon R. Hammer

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/28/2017 05:00

CK:1166 CT:344770 BH:1600120
10 25.00 = 25.00 ASSUM NAME #4

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