



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned **2005 MAR -7 AM 8:46** submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Joy in Wellness

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

<u>Name</u>	<u>Complete Address</u>
<u>Wendy Worthen</u>	<u>P.O. Box 233, Hamer, ID 83425</u>
_____	_____
_____	_____

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 | |

4. The name and address to which future correspondence should be addressed:

Wendy Worthen
P.O. # 233
Hamer, ID 83425

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

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

Phone number (optional): _____

Signature: Wendy Worthen
(signature required)

Printed Name: Wendy Worthen

Capacity/Title: owner

(see instruction # 8 on back of form)

g:\corp\forms\labn_forms\labn.p65 Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
03/07/2005 05:00
 CK: 1753 CT: 150010 DN: 796054
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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