



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2018 SEP - 1 AM 9:16

SECRETARY OF STATE  
STATE OF IDAHO

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

KRAVE HOLISTIC HEALING

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):

Karlee Byington 4037 N 46 E Idaho Falls ID 83401

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade  
☐ Wholesale Trade  
☒ Services

☐ Construction  
☐ Agriculture  
☐ Manufacturing

☐ Transportation and Public Utilities  
☐ Mining  
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

KRAVE HOLISTIC HEALING

(Name)

4037 N 46 E

(Address)

Idaho Falls

(City)

Idaho

(State)

83401

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Karlee Byington

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/11/2018 05:00

CK:7060 CT:282920 BH:1663460  
1@ 25.00 = 25.00 ASSUM NAME #2

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