

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAY -9 PM 4:40

SECRETARY OF STATE
STATE OF IDAHO

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

ASEMIP

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):

American Society of 6000 S 5th Ave, Pocatello, ID 83204

(Name) (Address)

Endobiogenic Medicine and

(Name) (Address)

Integrative Physiology, Inc.

(Name) (Address)

C2029099

(Name) (Address)

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

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

ASEMIP

(Name)

6000 S 5th Ave

(Address)

Pocatello

ID

83204

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Eric Davis

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/10/2018 05:00

CK:18355358 CT:172099 BH:1642983

1@ 25.00 = 25.00 ASSUM NAME #3

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