227		and the state of the
	CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, idaho Code, the united automite for filling a partificate of Assumed Business	
	submits for filing a certificate of Assumed Busines	2015 APR -3 AN 9: 07
	Please type or print legibly. nstructions are included on back of application	
	IOU LICEUMS AT THE MARK ON DALK OF ALL MARK	STATE OF IDAHO
1. The adjumed business name which the undersigned use(s) in the transaction of business is: White Pine Wellness		
 The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: 		
	<u>Name</u>	Complete Address
<u>H</u>	eidi Higgins 12	250 Northwood Center Ct Ste B
W	illiams Higgins Co	Deur 'Alené ID 83814
5. Nam	Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate name and address to which future espondence should be addressed: 150 Northwood Center Ct. Suite E Out Alene, TD. 83814 (hite Pine Wellness The and address for this acknowledgment Is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street
Signature: Printed Na Capacity/T Signature: Printed Na Capacity/T	me: HEIDI HIGGINS itte: Managing member me: William Higgins	Secretary of State use only IDAHO SECRETARY OF STATE 04/03/2015 05:00 CTX:2721526 CT:172099 BH:1469288 16 25.00 = 25.00 ASSUM NAME #2 0178038
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