

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

03 MOY 21 PH 3: 56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Printed Name: Wes J. Maynard

(see instruction #8 on back of form)

Capacity/Title: Owner

SEURE - RY OF STATE STATE OF IDAHO

The assumed business name which the un business is:	dersigned use(s) in the transaction of
Living Rh	nythm
2. The true name(s) and business address(es business under the assumed business name Name  Wes Maynard  Karine Maynard	s) of the entity or individual(s) doing ne:  Complete Address  5124 S. Stanton Ava, Boise, 1D 83709  5124 S. Stanton Ave, Boise, 1D 83709
<ul><li>✓ Wholesale Trade ☐ Construction</li><li>✓ Services ☐ Agriculture</li><li>☐ Manufacturing ☐ Mining</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Living Rhythm  5124 S. Staaten Ave.  Boise, ID 83709	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):	nt Phone number (optional): 208-362-7584
nature: Wellia	Secretary of State use only

IDAHO SECRETARY OF STATE
11/21/2003 05:00
CK: 112135898559KAH CT: 172899 BH: 713181
1 0 25.00 = 25.00 ASSUM NAME # 2