



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 APR 26 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

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

Hope Oxygen Health Center

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):

Krista Cavanaugh 1110 E. Polston Ave #1 Post Falls, ID 83854

Chris Maniatakos 1110 E. Polston Ave #1 Post Falls, ID 83854

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

☒ Retail Trade ²

☐ Wholesale Trade

☒ Services ¹

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Krista Cavanaugh

PO Box 559

Kingston, ID 83839

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

Name

Address

City

Secretary of State use only

IDAHO SECRETARY OF STATE

04/26/2018 05:00

CK:1169 CT:356887 BH:1640492

10 25.00 = 25.00 ASSUM NAME #2

D202256

Printed Name: Krista Cavanaugh

Signature: Krista Cavanaugh

Printed Name: Chris Maniatakos

Signature: [Signature]

Printed Name: _____

Signature: _____