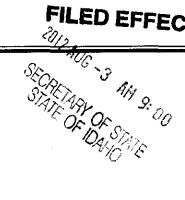


CERTIFICATE OF ASSUMED BUSINESS NAME

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



Please type or print legibly. Instructions are included on back of application.

4. The annual business could be an described	
1. The assumed business name which the undersigned business is: \[\int \RINGA \ CHIRD \]	PRACTIC ACUPUNCTURE
 The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: 	ntity or individual(s) doing
	Complete Address NE GAP/BOX 554 CESNOE BEND, EDAHO 83629
The general type of business transacted under the as	
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
Correspondence should be addressed: TAMES M. TARDINE P.D. BOX 554 HORSESHOE BEND, IDAHO 83629	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Ames M. Jardmi	Secretary of State use only
Printed Name: James M. JARDINE	
Capacity/Title: <u>○ WN じ だ</u>	
Signature:	IRAM CEPATANY OF A
Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 68/03/2012 65:00 CK: 2163 CT: 179759 BN: 1334663

abn.pmd Rev. 07/2010

25.08 ASSUM NAME # 2