227

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.
NOTE: See instructions on reverse before filing.

08 AUG 22 PM 3:28

SECRETARY OF STATE
STATE OF IDAHO

EFFECTIVE

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

   Health Plus

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Lindsay Clarke	4922 Wylie Lane Boise ID 83703

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

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

4. The name and address to which future correspondence should be addressed:

   Health Plus
   4922 Wylie Lane
   Boise ID 83703

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Idaho Secretary of State
450 N 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: _____ (signature required)

Printed Name: Lindsay Clarke

Capacity/Title: Principal

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/22/2008 05:00
CK: 3329 CT: 229090 BH: 1132822
1 @ 25.00 = 25.00 ASSUM NAME # 2

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