

227

FILED EFFECTIVE



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.

2011 JUN 13 PM 3:54

SECRETARY OF STATE
STATE OF IDAHO

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

Lewiston Integrated Health

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

Lewiston Integrative Health, LLC

3510 12th Street, Suite 200, Lewiston, ID 83501

Kurt Bailey

3510 12th Street, Suite 200, Lewiston, ID 83501

W104045

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Lewiston Integrative Health, LLC

3510 12th Street, Suite 200

Lewiston, ID 83501

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

David R. Risley, Attorney

PO Box 1247

Lewiston, ID 83501

Signature:

Printed Name: Kurt Bailey

Capacity/Title: Member

Signature:

Printed Name:

Capacity/Title:

Secretary of State fees only

IDAHO SECRETARY OF STATE

06/13/2011 05:00

CK: 703532 CT: 172099 BH: 1270211

1 @ 25.00 = 25.00 ASSUM NAME # 4

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