

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 APR 18 AM 9: 29

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the undersign business is:	ed use(s) in the transaction of
Complete Health Wind Body S	Soul
10/1/10/	Complete Address S. Commercial Que
3. The general type of business transacted under the ☐ Retail Trade ☐ Transportation and Pour Construction ☐ Wholesale Trade ☐ Construction ☐ Agriculture	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 5550 VanNuesen Rd. 5mmett, Th. 83617	Secretary of State 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:	Secretary of State use only
Printed Name: Kinkert & C. July	
Capacity/Title:	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE 04/18/2013 05:00
Capacity/Title:	CK: 27223 CT: 282121 BH: 1370140

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abn.pmd Rev. 07/2010