

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 JUN 13 AM 9: 21

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

SECHLIARY OF STATE STATE OF IDAHO

Asbell Health Strategies	
The true name(s) and <u>business</u> address business under the assumed business name Name Laura Asbell, PhD	• • • •
The general type of business transacted Retail Trade Transportat Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Laura Asbell, PhD	Secretary of State 450 North 4th Street PO Box 83720
17080 W Laura Ln Post Falls, ID 83854-6767	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge copy is (if other than #4 above):	ment
ature: Rausa Oslell, PhD	Secretary of State use only
ed Name: Laura Asbell, PhD acity/Title: Owner	
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