## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO JAN -7 M 9 14

(see instruction #8 on back of form)



Pursuant to Section 53-504, Idaho Code, the undersigned STATE gives notice of adoption of an Assumed Businessantanie DANO	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
LINNOVATIVE HEALING AKIS	
CAREN M SEABENECK 401 N.	or individual(s) doing  omplete Address  1612 Street  L'Alene, ID 83814
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)	
☐ Wholesale Trade ☐ Agriculture ☐ Fi	ransportation and Public Utilities inance, Insurance, and Real Estate lining
4. The name and address to which future correspondence should be addressed:  401 N. 16 <sup>th</sup> Street  Coeur d'Alere, TO 83814	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	IPANGERGER OF SQUESTIBLE Only
2801	01/07/1998 09:00 CX: 437 CT: 92173 BH: 78487
Signature: Caren M. Slabeneck	1 9 28.98 = 20.88 ASSUM NAME
Printed Name: Caren M. Seabeneck	D 10980
Printed Name: <u>(aren M. Seabeneck</u> )  Capacity: <u>Owner (president?)</u>	7 10100