CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse. To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction business is: Phoenix RISING Yoga Therapy of Idahe 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address F. Miver 908 Heron Boise IU 83702 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Services Construction Phone number (optional): 20x 433 1957 4. The name and address to which future correspondence should be addressed: PRYT of Idaho Submit Certificate of Assumed Business Heron Name and \$20.00 fee to: Boise IO 83702 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODV IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only LOANO SECRETARY OF STATE 01/25/2000 09:00 CK: 2512 CT: 125691 BH: 284174 Signature: 1 6 20.86 = 20.00 ASSUM NAME # 2 Printed Name: GREGORY F. 32412

(see instruction # 8 on back of form)