



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 AUG 14 AM 9:45

SECRETARY OF STATE
STATE OF IDAHO

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

Raccoon Rival

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Willow River Healing LLC 2830 Old Oregon Rd, Soda Springs, ID 83276

(Name) (Address)

(W167406) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Melanie Bice

(Name)

2830 Old Oregon Road

(Address)

Soda Springs

ID

83276

(City)

(State)

(Zipcode)

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

SAME

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Melanie Bice, Owner

Signature: Melanie Bice 8/8/2017

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/15/2017 05:00

CK:344 CT:344147 BH:1598300

1@ 25.00 = 25.00 ASSUM NAME #2

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