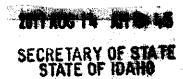
FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



1. The assumed business name whi	ch the undersig	ned use(s) in the tra	ansaction of busines	s is:	
Raccoon Rival					
2. The individual and/or entity names the assumed business name (do go Willow River Healing LLC 283 (Name) (Address (Add	not include the nam 30 Old Oregon F		-	oder	
(Name) (Addr	ess)				
(Name) (Address)				· · · · · · · · · · · · · · · · · · ·	
(Name) (Addr	ess)				
 The general type of business trans 	eacted under th	a accumad husinas	e namo ie:		
 ☑ Retail Trade ☐ Wholesale Trade ☐ Services ☐ 4. Mailing address for future corresp 	Construction Agriculture Manufacturing ondence:	Mining Finance	ortation and Public U e, Insurance, and Red dress for this acknown	eal Estate	
Melanie Bice		SAME	SAME		
(Name) 2830 Old Oregon Road		(Name)			
(Address) Soda Springs ID	83276	(Address)			
(City) (State)	(Zipcode)	(Crty)	(State)	(Zipcode)	
Printed Name: Melanie Bice, Owner Signature: Melanie Dice	e 8/8/2017	Se	cretary of State use only		
Printed Name:	IDAHO SECRETARY OF STATE				
Signature:		CK: 3	08/15/2017 05:00 CK:344 CT:344147 BH:1598300		
Printed Name:		1@ 25.00 = 25.00 ASSUM NAME #2			
Signature:		D 19	16404		

Rev. 08/2015