227	. ILED
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse before	S NAME the undersigned Business Name. SECRETARY OF
1. The assumed business name which the up business is: Peak Health	
2. The true name(s) and business address(es business under the assumed business name $Name$ Name ART CLS Management, (W57406) LLC	ne:
<ul> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	nder the assumed business name is: a and Public Utilities Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: Idaho Secretary of State
4. The name and address to which future correspondence should be addressed: <u>Capy Retter</u> <u>190W-Centra</u> <u>Hayden DD 83835</u>	450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
correspondence should be addressed: Gaby Retter 190W- Centa	450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301