

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2006 FEB -9 AM 8: 49

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Please type or print legibly. NOTE: See instructions on reverse before filing.

Founder

(see instruction # 8 on back of form)

Capacity/Title:

1. The assumed business name which the undersigned use(s) in the transaction of business is: Wellness Center of Idaho 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Jed Gamer 1548 Heyburn Ave E, Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate Check # 1627 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** Jed Gamer PO Box 83720 Boise ID 83720-0080 1548 Heyburn Ave E 208 334-2301 Twin Falls, ID 83301 I wish the address wasn't given to Phone number (optional): every Ton-Dick # Harry to send me. I choose not to receive 5. Name and address for this acknowledgment CODY IS (if other than #4 above): unsolicited Calls. I will call if there are any further question Secretary of State use only korpiformstabn formstabn.p65 Signature: IDAHO SECRETARY OF STATE 02/09/2006 05:00 CK: 1627 CT: 158010 BH: 936849 Jed Garner Printed Name: