



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

10 JUN 23 PM 3:22

SECRETARY OF STATE
STATE OF IDAHO

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

HEALTHY WAVES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

SUZANNE MORAGO

Complete Address

POB 1849 MCCALL IDAHO 83638

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

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

4. The name and address to which future correspondence should be addressed:

POB 1849

MCCALL, IDAHO, 83638

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

☒ SUZANNE MORAGO C/O GENA SANTA LUGA

5905 STREAMSIDE PLACE

GARDEN CITY, IDAHO, 83714

Signature: Suzanne Morago

(signature required)

Printed Name: SUZANNE MORAGO

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

0140264

IDAHO SECRETARY OF STATE
06/23/2010 05:00
CK: CASH CT: 150010 BH: 1227925
1 @ 25.00 = 25.00 ASSUM NAME #