



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.

FILED EFFECTIVE

10 MAR 31 AM 9:00

**SECRETARY OF STATE
STATE OF IDAHO**

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

RAINFIRE WELLNESS

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

CHRISTINE WOOD

752 S. PRAIRIE GRASS DR, BOISE, ID 83716

BLAINE BOWEN

752 S. PRAIRIE GRASS DR, BOISE, ID 83717

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:

752 S. PRAIRIE GRASS DR, BOISE, ID 83716

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

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

Secretary of State use only

Signature: Christine Wood

(signature required)

Printed Name: CHRISTINE WOOD OR BLAINE BOWEN

Capacity/Title: CO-OWNERS

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
03/31/2010 05:00
CK: 5218 CT: 226263 BN: 1215464
1 @ 25.00 = 25.00 ASSUM NAME # 2