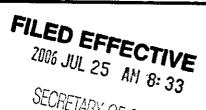


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



SECRETARY OF STATE STATE OF IDAHO

D102098

Tao Advanced Therapy Center	
. The true name(s) and business address(est business under the assumed business name  Name  Terry Owen Kyle  Kay Lynn McKaskel	s) of the entity or individual(s) doing ne: Complete Address 7393 Birch Lane, Nampa, ID 83687 same
. The general type of business transacted un	nder the assumed business name is:
Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Terry Owen Kyle  7393 Birch lane	Submit Certificate of Assumed Business
Nampa, ID 83687  5. Name and address for this acknowledgment	208 334-2301  Phone number (optional):
CODY is (if other than # 4 above):	OT STATE LISE OTHY Secretary of State use only
ature:   Secretary   Secretary	Secretary of State use only  Source use only