



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 JUL 21 PM 3: 20

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Nutritional Wellness

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

Cathy Zarkou

Complete Address

4637 No. Tattenham Way, Boise 83713

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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Cathy Zarkou
4637 No. Tattenham Way
Boise, ID 83713

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

Signature: Cathy Zarkou

Printed Name: Cathy Zarkou

Capacity/Title: Nutritional Therapist

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/22/2014 05:00

CK:4012 CT:158010 BH:1434119

1@ 25.00 = 25.00 ASSUM NAME #2

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