

## **CERTIFICATE OF** ASSUMED BUSINESS NAMELED EFFECTIVE

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.

	TO HIMIG.
1. The assumed business name which the und business is:	STATE OF IDAHO dersigned use(s) in the transaction of  Wellness Center
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam  Name  Wearx Associates DC PA  C 898 HI	of the entity or individual(s) doing e: <u>Complete Address</u> /// // South  Nampa, // 8365/
<ol><li>The general type of business transacted und</li></ol>	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  The name and address to which future correspondence should be addressed:  The name and address for this acknowledgment copy is (if other than # 4 above):  Above	Submit Certificate of Assumed Business Name and \$20.00 fee to:  25.00 Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):  (208) 466-5459
	Secretary of State use only
Signature: Medical Signature required Printed Name: Tames W. Wear  Capacity/Title: President	IDAHO SECRETARY OF STATE  94/11/2003 05:00  CK: 16465 CT: 88258 BH: 674210  1 8 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	Ö