

Capacity/Title: ____

CERTIFICATE OF



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name SECHARY OF STATE OF IDAHO ASSUMED BUSINESS NAME 10 AUG 12 AM 8: 25

Please type or print legibly.
Instructions are included on back of application.

1. The assumed business name which the undersigned business is: 321 Acapuncture Time	!e
Michael Terry Toung	entity or individual(s) doing Complete Address West A Street 83843 COW, Id 83843
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture	
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 225 West A street Moscow, la 83843	Secretary of State 450 North 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).	
gnature: print f Jung CAc.	Secretary of State use only
apacity/Title: Business Owner	
gnature:	IDANO SECRETARY OF STATE 28/12/2010 05:00 CK: 798 CT: 158010 BH: 1234561 1 0 25.00 = 25.00 ASSUM NAME #

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