



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUL 21 AM 11:46

SECRETARY OF STATE
STATE OF IDAHO

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

Thrive Hypnotherapy

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Benjamin Schoeffler 3350 Americana Terrace, Suite 215, Boise, ID 83706
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Benjamin Schoeffler
(Name)
1028 East McKinley St, Unit A
(Address)
Boise ID 83712
(City) (State) (Zipcode)

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

Benjamin Schoeffler
1028 E McKinley St
Unit A
Boise, ID 83712

(City)

(State)

(Zipcode)

Printed Name: Benjamin Schoeffler

Signature: Benjamin Schoeffler

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/21/2017 05:00

CK: CASH CT: 158010 BH: 1594710
1@ 25.00 = 25.00 ASSUM NAME #2

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