

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 AUG -1 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the un	dersigned use(s) in the transaction of business is:
Healthy Family Me	lical Gear
Training 14 mg 174	11 Cay Ca.
2. The individual and/or entity names and bus the assumed business name (do not include	
(Name) (Address)	
The general type of business transacted ur	ador the accumed business name is:
Retail Trade Construction Wholesale Trade Services Manufacted transacted trans	ction
4. Mailing address for future correspondence:	5. Name and address for this acknowledgment copy is (if other than # 4):
Same ûs#Z	Same as #2
(Address)	(Address)
(City) (State) (Zipcod	_
Printed Name: Patrick Curtis	Secretary of State use only
Signature: Patriol Curtin	_
Printed Name:	1DAHO SECRETARY OF STATE 08/01/2017 05:00
Signature:	CK:7941 CT:343487 BH:1596141 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	- D196148
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Rev. 08/2015