



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2018 JUN 26 AM 8:43

SECRETARY OF STATE  
STATE OF IDAHO

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

C-WHO

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):

Cornerstone Whole Healthcare  
Organization, Inc.

PO Box 2008 Boise, ID 83701

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐

Retail Trade

☐

Construction

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Mining

☒

Services

☐

Manufacturing

☐

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Cornerstone Whole Healthcare

(Name)

PO Box 2008

(Address)

Boise

ID

83701

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Jason Haugen

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/26/2018 05:00

CK:2324 CT:359687 BH:1650717  
1@ 25.00 = 25.00 ASSUM NAME #2

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