

Capacity/Title: Partne

Capacity/Title: Partner

Kaylan Vialpando

Signature:

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

11 MAY 13 PM 1: 24

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRE BY OF STATE STATE OF IDAHO

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

Idaho Hypnosis and Wellness Group	
The true name(s) and <u>business</u> address business under the assumed business in Name Name Maria Reddington Kaylan Vialpando	S(es) of the entity or individual(s) doing name: Complete Address 1705 N. Cole Rd Boise ID 83704 1705 N. Cole Rd Boise ID 83704
Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Maria Reddington 1705 N. Cole Rd	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Boise ID 83704	208 334-2301
Name and address for this acknowledgm copy is (if other than # 4 above): same	nent

IDAHO SECRETARY OF STATE

05/13/2011 05:00

CK: 678014 CT: 172099 BH: 1273658
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