



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

FILED EFFECTIVE

05 AUG 26 PM 3:45

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**SECRETARY OF STATE
STATE OF IDAHO**

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

Fountains of Wellness

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Nina Maria Ruch	106 W 39th St, Garden City, ID, 83714-6401
Patrick Dale Ruch	106 W 39th St, Garden City, ID, 83714-6401

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

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

4. The name and address to which future correspondence should be addressed:

Patrick Dale Ruch

106 W 39th St

Garden City, ID, 83714-6401

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Secretary of State use only

Signature: RD _____

(signature required)

Printed Name: _____ Patrick D. Ruch

Capacity/Title: _____ Manager

(see instruction # 8 on back of form)

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Revised 04/2003

IDaho SECRETARY OF STATE
08/26/2005 05:00
CX: 601617 CT: 172099 BH: 908529
1 @ 25.00 = 25.00 ASSUM NAME # 2

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