227

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2002 DEC 24 PM 12:44

SECRETARY OF STATE
STATE OF IDAHO

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.

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

   Wood River Acupuncture and Healing Arts Center

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
Jon Paul Morse	180 W First St. suite 105
	Ketchum, ID. 83340

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

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

   P.O. Box 745
   Ketchum, ID
   83340

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

Phone number (optional): (208) 726 - 2050

Submit Certificate of Assumed Business Name and **$20.00** fee to:

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

Secretary of State use only

Signature: (signature required)

Printed Name: Jon Paul Morse

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 07/08/02

IDAHO SECRETARY OF STATE
12/24/2002 05:00
CK: 4614253593 CT: 158010 BH: 653225
1 @ 20.00 = 20.00 ASSUM NAME # 2

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