

FILED &amp; EFFECTIVE

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

STATE OF IDAHO

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

Mind-Body Connections Health Services

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

<u>Joan Odum Ordmandy</u>	<u>Name</u>	<u>309 Buckskin Dr</u>	<u>Complete Address</u>
		<u>Nampa, ID 83687</u>	

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

309 Buckskin Dr  
Nampa, ID 83687

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

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

Signature: Joan Odum Ordmandy

Printed Name: Joan Odum Ordmandy

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2-97

S-1001-0000000000000000

Secretary of State use only  
IDAHO SECRETARY OF STATE

08/31/2000 09:00  
CK: 1237 CT: 135436 BH: 345373

1 @ 20.00 = 20.00 ASSUM NAME # 2

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