

~~FILED EFFECTIVE~~



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 DEC -6 PM 12: 37

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

DR. Uma's Healing AND Creative 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

Linda Joy Umma Malnide 4105 W State St
Boise, ID 83703

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

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

Uma Mulnick
4105 W State St
Boise, ID 83703

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Same

Secretary of State use only

Signature: S Uma Maheswari DX

Printed Name: L. Uma Mulnick DL

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
12/06/2013 05:00
CK: 266 CT: 298399 BH: 1480767
1 @ 25.00 = 25.00 ASSUM NAME @ 2

D 167416