

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

OCT 29 AM 9:57
SECRETARY OF STATE
STATE OF IDAHO

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

Healing Arts Associates

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

Name Karla T. Willard Address 206 N. 4th Ave, Suite 219
Sandpoint, Id. 83864

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

Massage Therapy, Swedish + Reiki Energy work.
See categories on the reverse

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

Healing Arts Associates
101 N. Fourth Ave, Suite 102
Sandpoint, Id 83864

Signed

Karla T. Willard

By

Capacity

OWNER

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Being Held
paid in full.
10/97. KW

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

10/29/1997 09:00
CK: NO CK # CT: 89120 BH: 51003

1 @ 20.00 = 20.00 ASSUM NAME

D 9643

NOV 10 PM 2:58
SECRETARY OF STATE
STATE OF IDAHO

FILED