CERTIFICATE OF ASSUMED BUSINESS NAME	
SFrom MT 9 E-	
LEVEL SECTION OF DEVICE SERVED FOR INCIDENT AND SERVED SEVERAL SERVED SE	
Pursuant to Section 53-504, Idaho Code, the undersigned gives hall state adoption of an Assumed Business Name.	
adoption of an Assumed Dustriess Francisco Line (s) in the transaction of	
1. The assumed business name which the undersigned use(s) in the transaction of	
business is: Healing arts associates	
nearing axis ax xxxx	1
 The true name(s) and business address(as) of the entity or individual(s) doing business under the assumed business name is/are: 	
1 1 - Name at 106 At 4th and Suite 219	
Harla T. Willard 206 N. 4th and Suite 219 Sandpoint, Id. 83864	
Sanapoint, La. 83201	
	- 11
tunder the assumed business name is:	
3. The general type of business transacted under the assumed business name is:	معامر
3. The general type of business transacted under the about the first state of the sevents of the	
See categories on the revente	
2 -	71
4. The name and address to which correspondence should be addressed:	月
-U. LIMA LIRE USOCIATES	Ш
101 N. Fourth ave Suite 102	q
Sandpoint, Id 83864 Kayla T. Willard. &	
Signed	
Ву	
Capacity Clunck	
OB JULIO TO THE PROPERTY OF TH	
Submit Certificate of Assumed Customer#	
Business Name and \$20.00 fee o:	
1	
Secretary of State 700 West Jefferson All I MAHO SECRETARY OF STATE	
PO Box 83720 Pring Juli 18/29/1997 89:80	
Bolse ID 83720-0080 CK: ND CK # CT: 89129 BH: 51003	
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pac = 18.88 = 28.88 ASSUM MANE	
700 West Jefferson PO Box 83720 Bolse ID 83720-0080 POUR SECRETARY OF STATE 10/29/1997 69:00 CK: NO CK # CT: 89128 BH: 51003 1 28.08 = 28.08 ASSUM MANE 1 9 6 4 3	