



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

03 AUG - 6 PM 12: 01

Please type or print legibly.
NOTE: See instructions on reverse before filing.

STATE OF IDAHO
SECRETARY OF STATE

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

Aurora Hypnotherapy

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

Name
Dona Coombs

Complete Address
2900 E Maryland Ave
Nampa ID 83686

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

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

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

Dona Coombs
Aurora Hypnotherapy
2900 E Maryland Ave
Nampa ID 83686

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

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

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

Phone number (optional):

208 467 5575

Secretary of State use only

Signature: Dona Coombs
(Signature required)

Printed Name: Dona Coombs

Capacity/Title: Aurora Hypnotherapist
(see instruction # 8 on back of form)

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Revised 04/2003

IDaho SECRETARY OF STATE
08/04/2005 05:00
CK: 122 CT: 158010 BH: 824968
1 0 25.00 = 25.00 ASSUM NAME # 2

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