

FILED EFFECTIVE

2003 JUL 31 A 9:06

SECRETARY OF STATE
STATE OF IDAHO



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

The Healing 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
<u>Dr. Denice M. Moffat</u>	<u>P.O. Box 9151, Moscow, ID 83843</u>
<u>Michael L. Robison</u>	<u>P.O. Box 9151, Moscow, ID 83843</u>

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

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

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

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

DR. DENICE MOFFAT / MICHAEL ROBISON
PO Box 9151
MOSCOW, Idaho 83843

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

Phone number (optional):
208-882-3993

Secretary of State use only

Signature: Denice Moffat Michael Robison
(signature required)

Printed Name: Denice M. Moffat

Capacity/Title: Co-Owners
(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/31/2003 05:00
CK: 4037 CT: 150010 DH: 693958
1 @ 25.00 = 25.00 ASSUM NAME # 3

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