



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 MAR 30 AM 8:30

**SECRETARY OF STATE
STATE OF IDAHO**

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

DESERT EDGE WELLNESS

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

GENE K. TAYLOR 289 S. 1400 W. PINGREE, ID 83262
(Name) (Address)

DENA F. TAYLOR 289 S. 1400 W. PINGREE, ID 83262
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

GENE K. TAYLOR
(Name)

289 S. 1400 W.
(Address)

PINGREE ID 83262
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: GENE K TAYLOR

Signature: Gene K Taylor

Printed Name: DENA F TAYLOR

Signature: Dena F. Taylor

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/30/2017 05:00

CK:4031 CT:158010 BH:1576414
1@ 25.00 = 25.00 ASSUM NAME #2

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