



CERTIFICATE OF ASSUMED BUSINESS NAME

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

7831 FEB -2 AM 8:55

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF OHIO

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

Bio-Mechanics Clinic Country Health Store

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
Harold & Joan Klassen LLC	60 S. Main St., Aberdeen, ID 83210

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

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

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

Harold Klassen
60 S. Main St., Aberdeen, ID 83210

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

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

Phone number (optional):

Signature: _____

(signature required)

Printed Name: Harold Klassen

Capacity/Title: Manager

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE

02/02/2007 05:00

CK: 18992 CT: 108228 BH: 1030595
1 @ 25.00 = 25.00 ASSUM NAME # 2

Revised 04/2003