



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 OCT 19 AM 8:58  
SECRETARY OF STATE  
STATE OF IDAHO

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

Westpointe Naturopathic Clinic

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):

Lynn Hansen

1210 Oakley Ave, Burley, Idaho 83318

(Name)

(Address)

(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:

Lynn Hansen

(Name)

1210 Oakley Ave

(Address)

Burley, Idaho 83318

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Lynn Hansen

Signature: [Signature]

Printed Name: Lynn Hansen

Signature: [Signature]

Printed Name:                     

Signature:                     

Secretary of State use only

IDAHO SECRETARY OF STATE

10/19/2016 05:00

CK:5794 CT:205806 BH:1551536

1@ 25.00 = 25.00 ASSUM NAME #2

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