



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE
2017 APR 10 AM 10:38
SECRETARY OF STATE
STATE OF IDAHO

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

Honest Health Coaching

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):

Tracy Ryan 520 Parkinson St, Eagle, ID 83616
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Tracy Ryan
(Name)
520 Parkinson Street
(Address)
Eagle ID 83616
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Tracy Ryan

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/10/2017 05:00
CK: 94 CT: 337743 BH: 1578367
1@ 25.00 = 25.00 ASSUM NAME #2

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