

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2016 DEC 28 AM 11:00

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Idaho Center for Integrative Medicine	
2. The true name(s) and <u>business</u> address business under the assumed business Name Optimal Health Ventures, LLC (W154042)	· · · —
	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Optimal Health Ventures, LLC Attn: Noah B. Edvalson 11988 W. Hickory Dr., Boise, ID 83713	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above): same as above	ment
nature: NUEU	Secretary of State use only
nted Name: Noah B. Edvalson pacity/Title: President/Member	— IDAHO SECRETARY OF STATE 12/28/2016 05:00 CK: 3672 CT: 281696 BH: 156

CK:3672 CT:281696 BH:1561213 16 25.00 = 25.00 ASSUM NAME #4

D191165

Signature: _

Printed Name: Olivia J. Edvalson

Capacity/Title: Secretary/Treasurer/Member