CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: $25.00.

FILED EFFECTIVE
2016 DEC -5 AM 9:50
SECRETARY OF STATE
STATE OF IDAHO

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

   Revive Equine Therapies

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):

   Nicole Lenz — 4506 S. 25th E., Idaho Falls, ID 83404
   (Name) (Address)

   (Name) (Address)

   (Name) (Address)

   (Name) (Address)

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

   - [ ] Retail Trade
   - [ ] Wholesale Trade
   - [X] Services
   - [ ] Construction
   - [ ] Agriculture
   - [ ] Manufacturing
   - [ ] Transportation and Public Utilities
   - [ ] Mining
   - [ ] Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

   Nicole Lenz
   (Name)
   4506 S. 25th E.
   (Address)
   Idaho Falls, Idaho 83404
   (City) (State) (Zipcode)

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

   Stephen D. Hall, Esq.
   (Name)
   485 "E" St.
   (Address)
   Idaho Falls, ID 83402
   (City) (State) (Zipcode)

Printed Name: Nicole Lenz
Signature: Nicole Lenz
Printed Name: _____
Signature: _____
Printed Name: _____
Signature: _____

Rev. 08/2015

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IDAHO SECRETARY OF STATE
12/05/2016 05:00
CK:52700 CT:1646 BH:1558000
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