

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Equilibria - Acupuncture + Herbal Medicine

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Dana N. Henry</u>	<u>114 N. Creek Hickey</u>
	<u>Id 83333</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Phone number (optional): 208-720-7595

PO Box 3168  
Ketchum Id 83340

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

Bank of America  
PO Box 299  
Ketchum, Id 83340

Signature: D. N. H

Printed Name: Dana N. Henry

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and ~~\$25.00~~ fee to:

\$25.00  
Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/12/2005 05:00  
CK: 1007 CT: 158010 BH: 926224  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 94354

FILED EFFECTIVE

Revision 2/97

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