27	
CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busi Please type or print legibly. NOTE: See instructions on reverse before the	undersigned ness Name. SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the under business is: <u>DEDTCATED</u> HEALING HA The true name(s) and business address(es) or business under the assumed business name; 	HNOS
Name CRAIG # WOOD WARD	Complete Address W13 W- Diverland Rel, STE-103 H1 E, 43rd #4 Boise, IDA 83714
 3. The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: CRATE WooowARD HII E. Y3rd Boise, To 83714 	
5. Name and address for this acknowledgment COPY IS (If other than # 4 above):	Secretary of State use only
Signature: <u>Chaig Woodwall</u> Printed Name: <u>CHAIG WOODWARD</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 08/13/2009 05:00 CK: 2001 CT: 150010 BH: 1102054 10 25.00 = 25.00 ASSUM NAME # 2 W 32.844
	<u></u> Οι στοιφ