## 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 undersioned

	gives notice of adoption of an As	ssumed Bus	inėss name.
1.	The assumed business name which the und		STATE DE STATE
	business is:		<u> </u>
	The Healing Hoop		se(s) in the transaction of
	/ /		••••••••••••••••••••••••••••••••••••••
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
*	DANICE E Name	184E 29	mplete Address
	GRACEFILL V KLINDLES 4	58 FILER	ACE TWATAUS ID 83301
3.	The general type of business transacted un (mark only those that apply)	der the assu	ımed business name is:
	Retail Trade	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future Progrespondence should be addressed:	hone numbe	r (optional): <u>308</u> . 733-6764
	CRACETHUM V KLIOWALES		Submit Certificate of
	458 FILER HUE		Assumed Business
	14 12 301		Name and \$20.00 fee to:
r	1WN1 FALLS 1683301		Secretary of State
5.	Name and address for this acknowledgment	<b>•</b>	700 West Jefferson
	COPY IS (if other than # 4 above):	•	Basement West PO Box 83720
	,		Boise ID 83720-0080
			208 334-2301
			Secretary of State use only
	(2)	12/99	
natu	Succesta Harris Paring & Miles	Revision	

Sig Printed Name: TRACE HAW V KNOWES LAWRET MARS Capacity: TAKTKIER (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

08/07/2001 05:00

CK: 1321 CT: 149787 BH: 412158

2 20.90 = 29.80 ASSUM MANE 8 2

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