

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

07 OCT 18 AM 9: 07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Healing Rooms of the Magic Valley	
The true name(s) and business address(es) of the business under the assumed business name: Name Streams in the Desert International	ne entity or individual(s) doing Complete Address 3686 N 2710 E
Ministries, Inc.	Twin Falls, Idaho
(0174918)	83301
Retail Trade Transportation and Wholesale Trade Construction Agriculture	
Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Healing Rooms of the Magic Valley	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
3686 N 2710 E	(208) 334-2301
Twin Falls, Idaho 83301	
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
	Secretary of State use only
gnature: Mally Kslinghan	
inted Name: Madlyn R Shepherd apacity/Title: Co- Director	
apacity/Title: Co- Director	IDAHO SECRETARY OF STATI
(see instruction # 8 on back of form)	10/18/2007 05: CK: 6953 CT: 217394 BH: 18

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