



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

**FILED/EFFECTIVE**  
2002 AUG 19 AM 9:23  
CLERK OF STATE  
BOISE IDAHO

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

Overall Wellness!

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

Name  
Selene Hall

Complete Address  
1765 Fairfield Rd., Plummer ID 83851

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

Selene Hall

1765 Fairfield Rd.

Plummer, ID 83851

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

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

Phone number (optional):

208-686-0668

Secretary of State use only

Signature: Selene Hall

Selene Hall (signature required)

Printed Name: Owner

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

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Revised 07/2002

IDAHO SECRETARY OF STATE  
08/19/2002 05:00  
CK: 1001 CT: 162787 BH: 403449  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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