



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2017 OCT 23 AM 10:31**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Dragonfly Wellness

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Linda Gregersen 3860 E 390 N, Rigby ID 83442

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Linda Gregersen

(Name)

3860 E 390 N

(Address)

Rigby

(City)

ID

(State)

83442

(Zipcode)

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

Dragonfly Wellness

(Name)

607 Hoopes Ave

(Address)

Idaho Falls

(City)

ID

(State)

83401

(Zipcode)

Printed Name: Linda Gregersen

Signature: Linda Gregersen

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/23/2017 05:00

CK:1791 CT:347417 BH:1608675  
10 25.00 = 25.00 ASSUM NAME #2

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