



# 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**

01 SEP 24 AM 9:26

SECRETARY OF STATE  
STATE OF IDAHO

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

The Medicine Wheel

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

Name  
Rachel Cushman

Complete Address  
1985 Eagle Dr.  
Idaho Falls ID. 83406

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

1985 Eagle Dr.  
Idaho Falls ID. 83406  
Rachel Cushman

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) 552-6156

Secretary of State use only

Signature: Rachel Cushman

Printed Name: Rachel Cushman

Capacity: partner

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE  
09/24/2001 05:00  
CK: 838 CT: 151646 BH: 420744  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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