FILED EFFECTIVE



Capacity/Tille:

CERTIFICATE OF ASSUMED BUSINESS NAME

2011 JUN 13 PM 3: 53

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

SECRETARY OF STATE

Please type or print legibly.
Instructions are included on back of application.

Clearwater Integrated Health	
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Clearwater Integrative Health, LLC Kun Bailey	s) of the entity or Individual(s) doing me: <u>Complete Address</u> 3510 12th Street, Suite 200, Lewiston, ID 83501 3510 12th Street, Suite 200, Lewiston, ID 83501
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed; Clearwater Integrative Health, LLC 3510 12th Street, Suite 200 Lewiston, ID 83501	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box \$3720 Boise ID \$3720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other from a subove): David IR. Risley, Attorney PO Box 1247 Lewiston, ID 83501	
gnature: Sup Bailey apacity/Tille: Member gnature:	Secretary of Stune use only

TRANSPS TENUZOSO

IDAHO SECRETARY OF STATE 96/13/2011 95:00 CK: 703532 CT: 172099 BH: 1278211 1 0 25.00 = 25.00 ASSUN NAME # 2

D148294