



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 06/13 AM 9:29

Please type or print legibly.

Instructions are included on back of application.

**SECRETARY OF STATE
STATE OF IDAHO**

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

Wellness Researchers

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

Name

Lynne Stanley

Complete Address

960 N. 6th East
Mountain Home, ID 83647

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

<input 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:

Lynne Stanley
680 Market St.
Mountain Home, ID 83647

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Lynne Stanley

Printed Name: Lynne Stanley

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only