

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idaho Code, the undersigned PEB 25 AM 10: 59 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

TE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.

business is: Boise Community Acupuncture & Wellness	
The true name(s) and business address(es business under the assumed business nam Name Acupuncture Works! LLC	s) of the entity or individual(s) doing ne: Complete Address 615 S. Wilson St. Boise, ID 83705
The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Sean Peachey 615 S. Wilson St. Boise, ID 83705 Name and address for this acknowledgm copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	Secretary of State use only
gnature: Seen Reacky inted Name: Sean Peachey apacity/Title: Member/Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE ##################################

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