



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 OCT 27 AM 9:38

**SECRETARY OF STATE
STATE OF IDAHO**

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

Health Coach CDA

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):

Coeur d'Alene Health Coaching LLC 879 E. Cloverleaf Dr. Hayden, ID 83835

(Name) W191084

(Address)

Jared Mielke

879 E. Cloverleaf Dr. Hayden, ID 83835

(Name)

(Address)

Ashley Mielke

879 E. Cloverleaf Dr. Hayden, ID 83835

(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:

Health Coach CDA

(Name)

879 E. Cloverleaf Dr.

(Address)

Hayden

ID

83835

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Jared Mielke

Signature: [Signature]

Printed Name: Ashley Mielke

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2017 05:00

CK:913 CT:347629 BH:1609418

1@ 25.00 = 25.00 ASSUM NAME #2

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