

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 AUG 10 AM 9: 15

1.	SECRETARY OF STATE The assumed business name which the undersigned use(s) in the transaction of STATE ISAHO The VR Health Institue						
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):						
	Aaron Stanton	3861 N. Pepperwood Drive Boise, Idaho 83704					
	(Name)	(Address)					
	(Name)	(Address)					
	(Name)	(Address)					
	(Name)	(Address)					
3.	The general type of business transacted under the assumed business name is:						
	Retail Trade Wholesale Trade	Construction Agriculture		Transportation Mining	and Public U	tilities	
	⊠ Services	Manufacturin	9 _	_ Finance, Insui	rance, and Re	al Estate	
4.	Mailing address for future of	orrespondence:		ne and address for is (if other than # 4):	or this acknow	ledgment	
	Aaron Stanton		/N				
	(Name) (Name) 3861 N. Pepperwood Drive						
	(Address) Boise, Idaho 83704		(Addre	ess)			
		State) (Zipcode)	(City)		(State)	(Zipcode)	
Printed Name: Aaron Stanton				Secretary of State use only			
Signature: Aaron Stanton				IDAMO SECRETARY OF STATE 08/10/2017 05:00			
Printed Name:			Î	CK:1134 CT:343952 BH:1597690 10 25.00 = 25.00 ASSUM NAME #2			
Signature:			ļ	N96318			
Printed Name:				יי וט	<i>y</i>		

Rev. 08/2015