

## 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.

09 MAR 26 AM 8: 41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECHETARY OF STATE STATE OF IDAHO

D129367

The assumed business name which the undersign business is:  Living Well	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Robert D. Hofstad 24  Stacie M. Hofstad Na	centity or individual(s) doing  Complete Address  Drive  Mpa ID 83651
3. The general type of business transacted under the Retail Trade	
5. Name and address for this acknowledgment copy is (if other than #4 above):  Signature:  (signature required)  Printed Name:  Capacity/Title:  Owner	IDAHO SECRETARY OF STATE  ### 3/26/2999 ### 1163884