

FILED EFFECTIVE

2005 JUN 21 10:53



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Eagle Wellness Center

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

Name
Cynthia Blackman

Complete Address
PO Box 267
Eagle, Id 83616

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Cynthia Blackman
PO Box 267
Eagle Id 83616

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Cynthia Blackman
723 E Knoll Dr
Eagle Idaho 83616

Phone number (optional):

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Cynthia Blackman

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
06/24/2005 05:00
CK: 2685 CT: 158010 BH: 817805
1 @ 25.00 = 25.00 ASSUM NAME # 2

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