



CERTIFICATE OF ASSUMED BUSINESS NAME

10 AUG 27 AM 9:14

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Spring Creek Medical Spa

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

Name

Complete Address

Cannon Medical, LLC
W84680

1408 Pomerelle Suite H
Burley, ID 83318

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Spring Creek Medical Spa
1408 Pomerelle Suite H
Burley, ID 83318

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

Signature: Michael Cannon

Printed Name: Michael Cannon

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

0141720

IDAHO SECRETARY OF STATE
08/27/2010 05:00
CK: 889 CT: 237989 BH: 1236603
1 @ 25.00 = 25.00 ASSUM NAME # 2