

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 AUG 23 PM 2:11

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:

Coeur d'Alene Wellness

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
Coeur d'Alene Wellness	<u>1617 Lincoln Way</u>
1617 Lincoln Way	<u>Coeur d'Alene, Id</u>
<u>JUSTIN HAMBLET / OWNER / CHIRO</u>	<u>83814</u>
<u>AMY HAMBLET / OWNER / SPOUSE</u>	

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:

JUSTIN HAMBLET, DC
1617 Lincoln Way
Coeur d'Alene, ID 83814

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

Same as above

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

Signature: Justin Hamblet DC

Printed Name: JUSTIN HAMBLET, DC

Capacity/Title: OWNER / CHIROPRACTOR

Signature: Amy Hamblet

Printed Name: AMY HAMBLET

Capacity/Title: OWNER / SPOUSE

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/23/2010 05:00
CK: 499669 CT: 172099 BH: 1235967
1 @ 25.00 = 25.00 ASSUM NAME # 2