



CERTIFICATE OF ASSUMED BUSINESS NAME **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned **2004 JUL 21 AM 9:14**
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE
IDAHO

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

PEAK POTENTIAL BIOFEEDBACK

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

Name

Sheila Plowman

Complete Address

Box 3873/430 Northstar Dr
Hailey ID 83333

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	

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

Sheila Plowman
PO Box 3873
Hailey ID 83333

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):

Phone number (optional):

788-9894

Signature: S. Plowman

(signature required)

Printed Name: Sheila Plowman

Capacity/Title: OWNER

(see instruction #8 on back of form)

Secretary of State use only

9.00ipf/ma/bm/bs/bs/bs
Revised 14/2/2003

IDaho SECRETARY OF STATE
07/21/2004 05:00
CX: 1023 CT: 158810 BH: 756646
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 78429