

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2011 JUN 27 PM 3:00

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:

SYNERGISTIC HEALTH SOLUTION

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

<u>Name</u>	<u>Complete Address</u>
<u>Heigh Holdings, LLC</u>	<u>104</u>
<u>W104559</u>	<u>✓</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

SYNERGISTIC HEALTH SOLUTION
7154 W. STATE ST. #228
BOISE, ID 83714

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

Secretary of State use only

Signature: Ilania Heigh Frazier Martin
Printed Name: ILANIA HEIGH FRAZIER MARTIN
Capacity/Title: _____

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
06/28/2011 05:00
CK: 716132 CT: 172099 BH: 1208301
I @ 25.00 = 25.00 ASSUM NAME # 4

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