



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

06 JAN -6 PM 1:20

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

HEALING ARTS

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

DOMINIQUE TARDIF

1524 W. FRANKLIN ST. BOISE, ID 83702

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

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

DOMINIQUE TARDIF

1524 W. FRANKLIN ST.

BOISE, ID 83702

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

Phone number (optional):

Secretary of State use only

095169

IDAHO SECRETARY OF STATE

01/06/2006 05:00

CK: 1489 CT: 158010 BH: 930686

1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: _____

Dominique Tardif
(signature required)

Printed Name: _____

Dominique Tardif

Capacity/Title: _____

Owner/Sole-Proprietor

(see instruction # 8 on back of form)