

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

TO EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned 00717 fill 9:58 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undersigne business is:	d use(s) in the transaction of
Therapeutic Approach Ma	usage Therapy
2. The true name(s) and business address(es) of the elebusiness under the assumed business name:  Name  TMG Incorporated (211 E. Coecus)  Coecus  Coecus	entity or individual(s) doing  Complete Address  Styleries Ave.
3. The general type of business transacted under the a	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>☑ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  TM G incorporated  1211 F. St Myria Ave.  Coer d'Alare TO 83814	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):
	Secretary of State use only
nature:	TDONG SECRETORY OF STATE

10/17/2005 05:00 CK: 3115 CT: 158010 MH: 917191 1 0 25.00 = 25.00 ASSUM NAME # 2

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