



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

OCT 15 PM 1:42
STATE OF IDAHO

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

Boise Biofeedback

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

Mark Ellis

875 East Plana Drive Eagle Id 83616

Loni Ellis

875 East Plana Drive Eagle Id 83616

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:

Boise Biofeedback

875 East Plana Drive

Eagle Id 83616

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

Mark & Loni Ellis

16575 Hwy 55

Boise Id 83703

Signature: Loni J. Ellis

Printed Name: Loni J. Ellis

Capacity/Title: Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Phone number (optional):

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
10/15/2002 05:00
CK: 9050 CT: 15010 BH: 576100
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 59108