



# 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

2014 MAY 22 AM 8:38

SECRETARY OF STATE  
STUDIO CITY

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:

Hopkin Wellness Center

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

Upper Valley Family Practice, PLLC  
(W52028)

859 S. Yellowstone Hwy  
Suite 1101  
Rexburg, ID 83440

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:

Hopkin Wellness Center  
32 W 1st S  
Rexburg, ID 83440

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

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

Signature: J. Hopkin

Printed Name: Jeffrey Hopkin

Capacity/Title: Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

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05/22/2014 05:00

CK:1949 CT:201754 BH:1425909  
1@ 25.00 = 25.00 ASSUM NAME #2

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