



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

10 JUL -8 PM 2:13

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Family Care Clinic

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
<u>All Horizons Inc</u>	<u>8050 W Rifleman # 100</u>
<u>(C121448)</u>	<u>Boise ID 83704</u>

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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

8050 W Rifleman # 100
Boise ID 83704

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

8050 W. Rifleman # 100
Boise ID 83704

Signature: Kellie Humpherys
(signature required)

Printed Name: KELLIE HUMPHERYS

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

D140574

IDAHO SECRETARY OF STATE
07/08/2010 05:00
CK: 29063 CT: 120262 BH: 1229866
1 @ 25.00 = 25.00 ASSUM NAME #