



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

FILED EFFECTIVE

10 JUL -8 PM 2: 13

SECRETARY OF STATE
STATE OF IDAHO

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.

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

All Horizons Inc
(C121448)

Complete Address

8050 W Riffleman # 100
Boise ID 83704

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:

8050 W Riffleman # 100
Boise ID 83704

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

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

8050 W. Riffleman # 100
Boise ID 83704

Secretary of State use only

Signature: Kellie Humphreys
(signature required)

Printed Name: Kellie Humphreys

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/08/2010 05:00
CK: 29863 CT: 120262 RH: 1229866
1 @ 25.00 = 25.00 ASSUM NAME #

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