



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

2013 NOV -8 AM 9: 03

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

HealthBuilders Reflexology

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

Louise F. Bradford

2491 Sunnyside Bench Road, Lenore, ID 83541

John E. Bradford

2491 Sunnyside Bench Road, Lenore, ID 83541

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" 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:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Louise F. Bradford

2491 Sunnyside Bench Road

Lenore, ID 83541

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

Signature: Louise F. Bradford

Printed Name: Louise F. Bradford

Capacity/Title: Owner

Signature: John E. Bradford

Printed Name: John E. Bradford

Capacity/Title: Co-Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
11/08/2013 05:00
CK: 2579 CT: 158010 BH: 1397253
1 @ 25.00 = 25.00 ASSUM NAME # 2

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