



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

2015 JAN 22 AM 9:08

SECRETARY OF STATE
STATE OF IDAHO

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:

Stone Path of Health

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Angelina Thelin</u>	<u>2218 w 800 so Sterling Idaho 83210</u>
<u>Angelina Thelin</u>	<u>920 Dion Drive Pocatello Idaho 83201</u>

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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:

Angelina thelin
2218 w 800 so
Sterling Idaho 83210

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

Signature: *Angelina Thelin*
 Printed Name: Angelina Thelin
 Capacity/Title: ~~owner~~
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/22/2015 05:00
 CK:8250 CT:158010 BH:1458273
 1@ 25.00 = 25.00 ASSUM NAME #2

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