



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504 Idaho Code, the undersigned submits for filing a certificate

## FILED EFFECTIVE

2005 SEP 21 AM 8:48

SECRETARY OF STATE  
STATE OF IDAHO

NOTE: See instructions on reverse before filing.

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

COEUR d'ALENE 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

T. DANIEL O'Neill

COEUR d'ALENE Wellness Center

1617 LINCOLN WAY

COEUR d'ALENE, ID 83814

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:

CIA Wellness Center  
1617 LINCOLN WAY  
COEUR d'ALENE, ID 83814

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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208 664-5000

Secretary of State use only

Signature:

T. Daniel O'Neill  
(signature required)

Printed Name:

T. DANIEL O'Neill

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
09/21/2005 05:00  
CK: 2904 CT: 129359 BH: 912707  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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