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Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name: 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:

Longevity 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

Marc Vroman

Complete Address

306 Pine Street, Sandpoint ID 83864

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

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

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

Marc Vroman

520 N Boyer

Sandpoint, ID 83864

**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):

Signature:

(signature required)

Printed Name:

Marc Vroman

Capacity/Title:

owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE

05/07/2008 05:00

CK: 109718 CT: 172099 BH: 1113976
1 @ 25.00 = 25.00 ASSUM NAME # 2