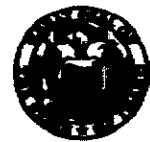


CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

05/26/98 AM 8:38

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

Healing Feats Holistic Health Services

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

<u>Name</u>	<u>Complete Address</u>
<u>Frankie Avalon Wolfe</u>	<u>7 Whitehawk Circle</u>
	<u>Boise ID 83716</u>

3. The general type of business transacted under the assumed business name is:
(check only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Frankie Avalon Wolfe
Healing Feats Holistic Health Services
7 Whitehawk Circle
Boise ID 83716

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

Signature: Frankie Avalon Wolfe

Printed Name: Frankie Avalon Wolfe

Capacity: Owner

(see instruction #8 on back of form)

RECEIVED
MAY 26 1998RECORDED
MAY 26 1998

IDAHO SECRETARY OF STATE

05/26/1998 09:00
CX: 602 CT: 99166 BH: 113345

1 @ 20.00 = 20.00 ASSUM NAME

D1522