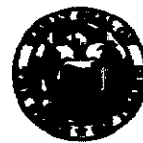


CERTIFICATE OF ASSUMED BUSINESS NAME

(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. 88 MAY 26 AM 8:38

1. The assumed business name which the undersigned uses 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:

Frankie Avalon Wolfe 7 Whitehawk Circle
BOISE ID 83716

3. The general type of business transacted under the assumed business name is:
(mark 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: Phone number (optional): (800) 609-6195

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)

IDAHO SECRETARY OF STATE

05/26/1998 09:00
CX: 682 CT: 99166 IN: 113345

1 @ 20.00 = 20.00 ASSUM NAME

D15222