

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 2016 APR 11 PM 3: 18

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

D185815

The assumed business name which the under	ersigned use(s) in the transaction of
business is: Tranguil Therapeouti	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u> Adrie Somaling	
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Harie Somalinog 924 W. Horizon Way Nampa, 10 83686	Secretary of State 450 North 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: La Comalinog Printed Name: Advis Somalinog	Secretary of State use only IDAHO SECRETARY OF STATE 04/11/2016 05:00 CK:3767408 CT:172099 BH:1522998
Capacity/Title: LMT/CMT	16 25.00 = 25.00 ASSUM NAME #2
Signature:	

0710010

Printed Name:

Capacity/Title: