

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2817 NOV -8 AM 8: 43

1.	The assumed business name which the undersign	ed	USe(s) in the transaction of business in the	
	Digestive Health RN		CHAMILE OF IDAHO	
2.		ıddı	ress(es) of those doing business under	
	the assumed business name (do not include the name	•		
	Drode Lounsbury 80	4	Residence St. Moscow ID	
	No. Albert		55043	
	Norw. Address			
	Naries Market		· · · · · · · · · · · · · · · · · · ·	
3.	The general type of business transacted under the assumed business name is:			
	☐ Retail Trade ☐ Construction ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Manufacturing		Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate	
4.	Mailing address for future correspondence:	5.	Name and address for this acknowledgment copy is (if other than # 4):	
	Brooke Louisbury		NAME:	
	804 Residence St		Ád fiction)	
	Moscow ID 83843		Odes Same Same Same Same Same Same Same Same	
Pri	nted Name: Brooke Lounsbury		Secretary of State use only	
Sig	gnature: 1000			
Pri	inted Name:		IDAHO SECRETARY OF STATE	
Signature:			11/08/2017 05:00	
Pri	nted Name:		CK:2223 CT:348143 BH:1611112 10 25.00 = 25.00 ASSUM NAME #2	
Sig	nature:		D198250	

Rev. 08/2015