227

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 AUG 11 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

   Intermountain Holistic Health

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

Name	Complete Address
Kathryn Bowen	16428 N. Windsor Ln
	Nampa Idaho
	83687

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

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

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

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

   Kathryn Bowen
   16428 N. Windsor Ln
   Nampa Id 83687

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

Signature: Kathryn Bowen
(signature required)

Printed Name: Kathryn Bowen

Capacity/Title: owner
(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\sbn formsbn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
08/11/2008 05:00
CK: 2183 CT: 158010 BH: 1131006
1 @ 25.00 = 25.00 ASSUM NAME # 2

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