



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAR -7 AM 9:00

**SECRETARY OF STATE
STATE OF IDAHO**

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

9 Crows Acupuncture and Chinese Medicine

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Hope Medical Billing PO Box 461 Hope ID 83836

(Name) (Address)

Limited Liability Company

(Name) (Address)

(W195152)

(Name) (Address)

(Name) (Address)

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

☒ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Jamie Davis

(Name)

PO Box 461

(Address)

Hope

ID

83836

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Jamie Davis

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/08/2018 05:00

CK: NO CK# CT: 354105 BH: 1631049
1@ 25.00 = 25.00 ASSUM NAME #2

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