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CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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

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

The Idaho Institute of Biofeedback

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

Name

Complete Address

Joan Odum Ordmandy

5700 E Franklin Rd Suite 220-c
Nampa, ID 83687

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): 208-442-4442

Joan Ordmandy

309 Buckskin Dr

Nampa, ID 83687

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

Signature: Joan Odum Ordmandy

Printed Name: Joan Odum Ordmandy

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

055531

IDAHO SECRETARY OF STATE
06/06/2002 05:00
CK: 1223 CT: 143161 BH: 470050
1 @ 20.00 = 20.00 ASSUM NAME # 2

9. loop/formulabn.pss Revision 1/99