



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 SEP -3 AM 8:37

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:

The MesMo Wellness Center

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

<u>Name</u>	<u>Complete Address</u>
<u>Dominic Mesenhimer-Molet</u>	<u>1111 S. Orchardst Suite #108</u>
	<u>Boise, ID. 83705</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

The MesMo Wellness Center
1111 S. Orchard St Suite #108
Boise, ID. 83705 (Dominic Mesenhimer-Molet)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-367-0560

Signature

(signature required)

Printed Name: Dominic Mesenhimer-Molet

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

D 68559

IDAHO SECRETARY OF STATE
 09/03/2003 05:00
 CK: 4865 CT: 142894 BH: 699644
 1 @ 25.00 = 25.00 ASSUM NAME # 2