FILED EFFECTIVE



Signature: /

Printed Name:

Printed Name:

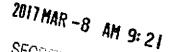
Signature:

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



1. The assumed business name which the undersigned use(s) in the transaction of business is: KOLLBENZ 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): PRAIRIE SAGE WELLNESS CENTER, LLC (Name) (Address) 6200 N PARK MEADOW WAY #19201, BOISE ID 83713 (Name) (Address) (Name) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Agriculture Mining Services Manufacturing Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment 4. Mailing address for future correspondence: COPY is (if other than # 4): **KOLLBENZ** (Name) (Name) 6200 N PARK MEADOW WAY #19201 (Address) (Address) **BOISE ID 83713** (City) (State) (Zipcode) (City) (State) (Zipcode) Printed Name: CYNTHIA HESS

Secretary of State use only

IDAHO SECRETARY OF STATE 03/08/2017 05:00

CK:91 CT:335734 BH:1572470 $10\ 25.00 = 25.00$ ASSUM NAME #2

0192721