## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

O7 SEP 20 AM 8: 43
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Center for Creative Healing	
The true name(s) and business address(es) obusiness under the assumed business name:	f the entity or individual(s) doing
Name	Complete Address
Connie O'Marra	3501 E 3100 N, Kimberly, ID 83341
The general type of business transacted unde	er the assumed business name is:
,	nd Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Idaho Secretary of State
The name and address to which future	450 N 4th Street
correspondence should be addressed:	PO Box 83720 Bojse ID 83720-0080
C. O'Marra-Center for Creative Healing	Boise ID 63720-0060
3501 E 3100 N	(208) 334-2301
Kimberly, ID 83341	
Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
T/ www.	SECRETARY OF STATE
rure: Mul Marka	Revised 04/2003

IDAHO SECRETARY OF STATE 09/20/2007 05:200 CK: 2038 CT: 110982 BH: 1076564 1 0 25:00 = 25:00 ASSUM MANE 1 2