

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

2014 NOV 20 AM 9: 5

SECRETARY OF STATE

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

Please type or print legibly.

instructions are included on back of appli	Cation. STATE OF IDAMO
The assumed business name which the und business is:  Healing The Sole	ersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) business under the assumed business name.	· · · · · · · · · · · · · · · · · · ·
Name	Complete Address
Laura Rader	66Dle Lincoln
	Bonas Ferry, ID
Banners Herry, ID 85805	X 3805
The general type of business transacted und  Retail Trade  Transportation	ler the assumed business name is: and Public Utilities
Wholesale Trade Construction	and t using summer
Services Agriculture	<del></del>
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
	Name and <b>\$25.00</b> fee to:
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	Secretary of State
ik. Is a The Este	450 North 4th Street PO Box 83720
PO Box 4810	Boise ID 83720-0080
Bonner forry ID83805	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	208 367 1229
	Secretary of State use only
Signature:	
Printed Name: Lange Char	IDAHO SECRETARY OF STATE
Capacity/Title:	11/20/2014 05:00
Signature:	CK:1186 CT:303418 BH:1450152 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	
Capacity/Title:	D175093

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