CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

То	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. SEP -7 The assumed by state of the sta
1.	The assumed business name which the undersigned use(s) in the transaction of business is: The Acapuncture Clinic
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:
	Jana Lee Gattung 100 N. Church St #3
	SALMON, ID 83467
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)
	Retail Trade
4.	The name and address to which future correspondence should be addressed: The Acapanchare Clinic P.O. Box 855 Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	SALMON, ID 83467 Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE

Printed Name: Jana Lee

Capacity: <u>Owner</u> Sole proprietor

(see instruction # 8 on back of form)

09/07/2000 09:00 CK: 1035 CT: 135699 BH: 346791

1 @ 20.00 = 20.00 ASSUM NAME # 3

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