

CERTIFICATE OF ASSUMED BUSINESS NAME FILE

(Please type or print legibly)

To 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.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

JUNIPER TREE HOLISTIC MEDICAL

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

Name

Complete Address

Sonja Tinelli Aldrich

PO Box 38, Hayden, ID 83835

Todd Loren Aldrich

PO Box 38, Hayden, ID 83835

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

JUNIPER TREE HOLISTIC MEDICAL

Attn: Sonja Aldrich

PO Box 38, Hayden, ID 83835

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Signature: _____

Sonja Tinelli Aldrich

Printed Name: _____

SONJA TINELLI ALDRICH

Capacity: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

03/10/1999 09:00
CK: 4483 CT: 112284 BH: 195398

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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