



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 OCT -6 PM 12: 41

SECRETARY OF STATE
STATE OF IDAHO

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

Healthy Vibes

2. 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):

Carrie Allen 409 Ash Street, Bellevue, ID 83313

(Name) (Address)

Carrie Lyn Allen 409 Ash Street, Bellevue, ID 83313

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Carrie Allen

(Name)

PO Box 754

(Address)

Bellevue

(City)

ID

(State)

83313

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Carrie Allen

Signature: Carrie Allen

Printed Name: Carrie Lyn Allen

Signature: Carrie Lyn Allen

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/06/2017 05:00

CK:14875068 CT:172099 BH:1606317

1@ 25.00 = 25.00 ASSUM NAME #2

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