

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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2011 JAN 31 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

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 application.

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

Natural Enchantment Wellness

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

Name

Complete Address

Maria Pasley

1073 North Lee Ave. Idaho Falls 83402

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Natural Enchantment Wellness
1073 N.Lee Ave, Idaho Falls, ID 83402

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: _____

Printed Name: Maria Pasley

Capacity/Title: Owner / Health Coach

Signature: *Maria Pasley*

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
01/31/2011 05:00
CK: 594836 CT: 172099 BH: 1257553
1 @ 25.00 = 25.00 ASSUM NAME # 2

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