227	
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus Please type or print legibly. NOTE: See instructions on reverse before	undersigned siness Name. SECRETARY OF AM 9: 33
1. The assumed business name which the undersigned use(s) in the transaction of business is: Wellness Connections	
2. The true name(s) and business address(es) of business under the assumed business name: Name Sandra Teed 1	
 3. The general type of business transacted under a Transportation a Transportation a Wholesale Trade Construction Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Wellness Connections 13464 N. 3rd Avenue 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Hidden Springs, Idaho 83714 5. Name and address for this acknowledgment copy is (if other than #4 above):	208 334-2301 Phone number (optional): 208-229-3223
Signature: Anna Markov (signature required) Printed Name: SANDIA TEEC Capacity/Title: DUNEL (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only D 10 05 9 IDAHO SECRETARY OF STATE 06/19/2006 05:00 CK: 1051 CT: 201455 BH: 96050 1 9 25.00 = 25.00 ASSUM NAME 1