



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

12 JAN 27 AM 9:12

SECRETARY OF STATE
STATE OF IDAHO

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:

Syringa Wholistic Chamber

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

Charlene Wells

3622 District 2 Road Bonners Ferry, Idaho 83805

Lynda Ekstrom

499235 Highway 95 Naples, Idaho 83847

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

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

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

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

Syringa Wholistic Chamber

c/o L Ekstrom

499235 Highway 95 Naples, Idaho 83847

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

Signature: Charlene Wells

Printed Name: Charlene Wells

Capacity/Title: President

Signature: Lynda G Ekstrom

Printed Name: Lynda G. Ekstrom

Capacity/Title: Secretary/Treasurer

Secretary of State use only

IDAHO SECRETARY OF STATE
01/27/2012 05:00
CK: 102 CT: 266402 BH: 1300132
1 @ 25.00 = 25.00 ASSUM NAME # 2

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