



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2005 SEP 14 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

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

Boise Naturopathic Medicine

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

Name

Garry L Shohet

Complete Address

9520 Fairview Avenue, Boise, Idaho 83704

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

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

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
208 334-2301

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

Garry L Shohet

9520 Fairview Avenue

Boise, Idaho 83704

Phone number (optional):

393-7733

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

Garry L Shohet

9443 West Goldenview Drive

Star, Idaho 83669

Signature:

(Signature)
(signature required)

Printed Name:

Garry L Shohet

Capacity/Title:

owner

(see instruction # 8 on back of form)

Secretary of State use only

0103672

IDAHO SECRETARY OF STATE
09/14/2006 05:00
CK: 3536 CT: 204412 BH: 975051
1 @ 25.00 = 25.00 ASSUM NAME # 2