

Capacity/Title:_

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

09 DEC 23 PM 1: 17

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| Ndepend | ence Hypnosis |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| The true name(s) and business address(e business under the assumed business na Name | es) of the entity or individual(s) doing me: Complete Address 3210 Arrowhead Drive, Caldwell, ID 83605 |
| 3. The general type of business transacted L Retail Trade Transportation Wholesale Trade Construction | on and Public Utilities |
| ✓ Services ☐ Agriculture☐ Manufacturing ☐ Mining☐ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed: 3210 Arrowhead Drive, Caldwell, ID 83605 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgm copy is (If other than # 4 above): | nent Phone number (optional): |
| Legalzoom.com, Inc. c/o Karmelia Frederick | |
| 7083 Hollywood Blvd. Suite 180 Los Angeles, CA 90028 gnature: X Connie Lynn Boling | Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 12/23/2009 05 p |

IDAHO SECRETARY OF STATE 12/23/2009 05:00 CK: 399653 CT: 167623 BH: 1200461 1 8 25.00 = 25.00 ASSUM MANE # 2

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