

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 JUN 13 PM 3:54

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:

Lewiston Integrated Medicine

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

Lewiston Integrative Medicine, LLC

3510 12th Street, Suite 200, Lewiston, ID 83501

Kurt Bailey

3510 12th Street, Suite 200, Lewiston, ID 83501

W104043

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-7301

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

Lewiston Integrative Medicine, LLC

3510 12th Street, Suite 200

Lewiston, ID 83501

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

David R. Risley, Attorney

PO Box 1247

Lewiston, ID 83501

Secretary of State use only

Signature: _____

Printed Name: Kurt Bailey

Capacity/Title: Member

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
06/13/2011 05:00
CK: 783532 CT: 172899 BH: 1278211
1 @ 25.00 = 25.00 ASSUM NAME # 5

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