



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED 06/05/2006 05:00

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.

2006 JUN -5 PM 12:47

SECRETARY OF STATE
STATE OF IDAHO

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

Moonyeen School of Yoga, Health

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

Post Falls
208 Parkwood PL ID 83854

Moonyeen Park
Scott Park

Same

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

<input checked="" 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	

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

Scott Park
208 Parkwood PL
Post Falls, ID 83854

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

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

Phone number (optional):

208-773-0918

Signature: Scott Park
(signature required)

Printed Name: Scott Park

Capacity/Title: Business Mgr

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDaho SECRETARY OF STATE
06/05/2006 05:00
CK: 4203 CT: 150810 BH: 950323
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