



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 19 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction or business is:
NorthWest Brain Balance

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Gino Agostinelli 605 N. Shetland Ct. Post Falls, ID 83854
(Name) (Address) (City) (State) (Zipcode)

Linda Agostinelli 605 N. Shetland Ct. Post Falls, ID 83854
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

NorthWest Brain Balance
(Name)

605 N. Shetland Ct.
(Address)

Post Falls, ID 83854
(City) (State) (Zipcode)

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

same as #4
(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Gino Agostinelli

Signature: Gino Agostinelli

Printed Name: Linda Agostinelli

Signature: Linda Agostinelli

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/19/2015 05:00

CK:1602 CT:313643 BH:1488750

10 25.00 = 25.00 ASSUM NAME #2

D180906