

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2016 MAR -2 AM 9: 16

1	SECRETARY OF STATE The assumed business name which the undersigned use(s) in the tractation properties is: Lighten Up Weight Loss Clinic								
••									
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):								
	Liz Goff	5519 N Brigadoon Ave Meridian, ID 83646							
	(Name)	(Address)							
	(Name)	(Address)							
	(Name)	(Address)							
	(Name)	(Address	s)						
3.	The general type of busine Retail Trade Wholesale Trade Services		acted under Constructior Agriculture Manufacturi	ו	sumed	Transportation	ne is: on and Public U urance, and Re		
4.	Mailing address for future	correspor	ndence:	5.		and address S (if other than #4):	for this acknow	vledgment	
	Liz Goff (Name)				(Name)				
	5519 N Brigadoon Ave				(Address	<u> </u>			
	(Address) Meridian	1D	83646		(Mutites»	,			
	(City)	(State)	(Zipcode)		(City)		(Ŝtafe)	(Zipcode)	
Printed Name: Liz Goff						Secretary	of State use only		
Signature:					IDAHO SECRETARY OF STATE 03/02/2016 05:00				
Printed Name:					į	CK: 180 CT:	158010 BH:1 25.00 ASSUM	516422	
Si	gnature:								
Printed Name:					-	N84858			

Rev. 08/2015