



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 SEP 27 PM 1:17

SECRETARY OF STATE
STATE OF IDAHO

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

Health Benefits of Meridian

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):

Health Benefits of Boise LLC 1608 N Meridian Rd Ste 115
(Name) (Address)
W30635 Meridian Id 83642
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Health Benefits of Boise LLC
(Name)
3313 W Cherry Ln PMB 135
(Address)
Meridian Id 83642
(City) (State) (Zipcode)

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

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

Printed Name: Rachel Johnston

Signature: Rachel Johnston

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/27/2017 05:00

CK:14781634 CT:172099 BH:1604783

1@ 25.00 = 25.00 ASSUM NAME #3

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