



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUN 12 PM 2:08

SECRETARY OF STATE
STATE OF IDAHO

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

Apricot Tree

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):

Willow River Healing LLC 2830 Old Oregon Rd, Soda Springs, ID 83276

(Name) (Address)

W167406 (Name) (Address)

(Name) (Address)

(Name) (Address)

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

☒ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☐ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Melanie Bice

(Name)

2830 Old Oregon Road

(Address)

Soda Springs

ID

83276

(City)

(State)

(Zipcode)

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

SAME

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Jon Bice, Owner

* Signature: Jon Bice

Printed Name: Melanie Bice, Owner

* Signature: Melanie Bice

Printed Name: _____

Signature: _____

Rev 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

06/13/2017 05:00

CK:129 CT:341052 BH:1588557

1@ 25.00 = 25.00 ASSUM NAME #2

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