



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 APR 29 AM 9:10

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Stepping Stones Wellness Center

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

Krystle Shapiro, Hal Hargreaves,

803 W. Pine Street, Sandpoint, ID 83864

Eloiwa DeFreitas,

as above

Sonya Peterson

as above

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 checked="" 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 | |

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

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

Krystle Shapiro

803 W. Pine Street

Sandpoint, ID 83864

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

Phone number (optional):

Secretary of State use only

Signature: Krystle Shapiro

(signature required)

Printed Name: Krystle Shapiro

Capacity/Title: Owner, Associate

(see instruction # 8 on back of form)

g:\corp\form\abn\form\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
04/29/2004 05:00
CK: 1774 CT: 150010 BH: 742070
1 @ 25.00 = 25.00 ASSUM NAME # 2

D75862