

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME 2017 JUL 26 AM 8: 32

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

Filing fee: \$25.00.

| The assumed business name which the undersigned use(s) in the transaction of | | | | | | | : is· |
|--|--|---|----|--------------------------|------------------------|-------------|-------------|
| • | Shen Xin Acupuncture | | | | | | |
| 2. | The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1): | | | | | | |
| | Jason P. J. Jensen | 194 South Fisher Ave. # 1, Blackfoot, Idaho 83221 | | | | | |
| | (Name) | (Address) | | | | | |
| | (Nате) | (Address) | | | | | |
| | (Name) | (Address) | | | | | |
| | (Name) | (Address) | | | | | |
| 3. | The general type of busines Retail Trade Wholesale Trade Services | ss transacted under t Construction Agriculture Manufacturin | | ☐ Tran | nsportation an | d Public Ut | |
| 4. | Mailing address for future co | orrespondence: | 5. | Name and copy is (if of | address for th | nis acknowl | edgment |
| | Jason P. J. Jensen | | | (Name) | | | |
| | (Name) 194 South Fisher Ave. #1 | | | (Name) | | | |
| | (Address) Blackfoot, Idaho 83221 | | | (Address) | | | |
| | | itate) (Zipcode) | | (City) | / | (State) | (Zipcode) |
| Printed Name: Jason P. J. Jensen | | | | | Secretary of Stat | e use only | |
| Signature: Jason P. J. Jensen | | | | IDAHO SECRETARY OF STATE | | | |
| Printed Name: | | | | CE | 97/26/2 1:121 CT:34 | 2017 05: | |
| Signature: | | | | | 25.00 = 25 | | |
| Printed Name: | | | | D | 1960Hr | 4 | |