

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

White Feather HypnotHERAPY (Holistic Center)

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Catherine A. DeLorenzo

Name

415 Railroad Ave

Address

McCall ID, 83638

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

Seminars, Marketing Consulting Services
Hypnotism for Healing, Massage, Product Sales (Books, herbs, Tapes, etc.)

See categories on the reverse

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

Catherine A. DeLorenzo c/o White Feather HypnotHERAPY
PO Box 1966 McCall, ID 83638

Signed

By

Capacity

Catherine A. DeLorenzo

Owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only
IDAHO SECRETARY OF STATE

01/04/1999 09:00
CK: 1139 CT: 100942 BH: 174976

1 @ 20.00 = 20.00 ASSUM NAME # 2

D21622

g:\corp\forms\statn.pmf6 Revision 10/96

FILED

99 JAN -10 AM 8:56
SECRETARY OF STATE
STATE OF IDAHO