



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 AUG -6 AM 9:36

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Shen Tang Acupuncture and Wellness Clinic

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

<u>Name</u>	<u>Complete Address</u>
<u>Barbara H. Kraxberger</u>	<u>5004 E. Shore Cove, Post Falls, ID 83854</u>
_____	_____
_____	_____

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Barbara H. Kraxberger
5004 E. Shore Cove
Post Falls, ID 83854

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

Signature: *Barbara H. Kraxberger*

Printed Name: Barbara H. Kraxberger

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/06/2012 05:00
CK: 431 CT: 273049 BH: 1334904
1 @ 25.00 = 25.00 ASSUM NAME # 2