

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 FEB 15 AM 9: 18

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

The assumed business name which the undersigned use(s) in the transaction of business is:	
Equipe PARTHERS in HEALTH	9
2. The true name(s) and <u>business</u> address(es) of the education business under the assumed business name: Name Sanapoint English LIC W41236	Complete Address 506 N. 44h Ave SANA POINT, ID 83864
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Services Agriculture	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: SOUDPOINT FSYCLOTHERAPY EDITH SOL N. 444 Ave. Sandpoint. ID 8386	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Mountain West Bank Attn: Victoria Brimhall 1323 Hwy 2 Sandpoint ID 83864 Secretary of State use only	
Signature: (Neara) Karosturkus	Secretary of State use only
Printed Name: ELEANS RAND PURIEU	
Capacity/Title: OWNER	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE 92/15/2012 05:00
Canacity/Title:	CK: 1 CT: 267036 BH: 1310763