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# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2003 SEP 18 PM 3:36

STATE OF IDAHO  
DEPARTMENT OF STATE

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

DREAMWEAVERS Hammock HEALTH

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

DAVID EGANATZ

P.O. Box 651

BRANDI EGANATZ

KETCHUM, ID 83340

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

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

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

DAVID EGANATZ

P.O. Box 651

KETCHUM, ID 83340

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208-725-5075

Signature:

David Eganatz  
(Signature affixed)

Printed Name: DAVID EGANATZ

Capacity/Title: Owner / Personal Secretary

(see instruction # 8 on back of form)

Secretary of State use only

Form 53-504  
Revised 1972/02

IDAHO SECRETARY OF STATE  
09/18/2003 05:00  
CK: 91833474882MJO CT: 172099 BH: 702365  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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