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227		LILEN CALEVIIAE
CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assume Please type or print legibly. NOTE: See instructions on reverse be	SS NAME e, the undersigned d Business Name	
1. The assumed business name which the ubusiness is: Healthy Founda	undersigned u	,
2. The true name(s) and business address(business under the assumed business na Name <u>The Isaiah Foundation, Inc.</u> (C144862)	ame:	Complete Address
 Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: The Isacak Foundation, Inc. Bobox 1192 Idubo C.4, DS 83631 Name and address for this acknowledge 	ion and Public on Ite	
COPY is (if other than # 4 above): Signature: Multiplace (algonature required) Printed Name: Michalle Alden Capacity/Title: President (see instruction # 8 on back of form)	g. toorpritormetation formetation.p65 Reviewed 04/2003	IDANO SECRETARY OF STATE (0.3/04/2009 05:00 CK: 1567 CT: 156818 BH: 115960 1 8 25.88 = 25.00 ASSUM NAME
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