



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 OCT 20 AM 8:26

SECRETARY OF STATE  
STATE OF IDAHO

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

Organo Gold Independent Distributor

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Jandi Schmitz                      2053 Rivercrest Dr., Apt 203, Twin Falls, ID 83301  
(Name)                                      (Address)

(Name)                                      (Address)

(Name)                                      (Address)

(Name)                                      (Address)

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

- |                                                  |                                        |                                                              |
|--------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Jandi Schmitz  
(Name)

2053 Rivercrest Dr. Apt. 203  
(Address)

Twin Falls                      ID                      83301  
(City)                                      (State)                      (Zipcode)

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

(Name)

(Address)

(City)                                      (State)                      (Zipcode)

Printed Name: Jandi Schmitz

Signature: Jandi Schmitz

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/20/2015 05:00

CK:1504 CT:158010 BH:1497027  
1@ 25.00 = 25.00 ASSUM NAME #2

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