(Please type or print legibly. See instruc	USINESS NAME (ctions on reverse)
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cod gives notice of adoption of an Assumed	
 The assumed business name which the ur business is: 	ndersigned use(s) in the transaction of
NUTRIFIT	
The true name(s) and business address(es business under the assumed business name).	s) of the entity or individual(s) doing ne is/are:
Ronald Matthew Faucos	Complete Address 2500 EAST PRIMERLINE Rd.
	NAMPA, 1) 83687
The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
 The name and address to which future P correspondence should be addressed: 	hone number (optional): <u>208-463-9973</u>
2500 E. POWERLINE RO.	Submit Certificate of Assumed Business
NAMPA 10 83687	Name and \$20.00 fee to: Secretary of State
 Name and address for this acknowledgment copy is (if other than # 4 above). 	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature For M. Louds	\$ 11/14/1997 @9:@@ CX: CASH CT: 89854 RH: 55571
Printed Name: Ronald M. FAULDS	1 2 26.88 = 28.80 ASSUM MANE) 8 0 97/9
Capacity: OWNER	20 97119
(see instruction # 8 on back of form)	Ndoos