

# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED**

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant of Section 53-504, Idaho Code, the undersigned gives notice of adoption of an  
Assumed Business Name.

98 OCT -7 AM 10:02  
SECRETARY OF STATE  
STATE OF IDAHO

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

ANGLES TO HEALTH

2. The true names(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Address</u>
Karolyn Leith	4929 Joy Street, Chubbuck ID 83202-2505

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

SERVICES

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

Karolyn Leith, 4929 Joy Street, Chubbuck ID 8202-2505

Signed

Karolyn Leith

By

Capacity

Sole Proprietorship President

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

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

10/07/1998 09:00  
CX: 393 CT: 185017 IN: 151516

1 @ 20.00 = 20.00 ASSUM NAME # 2

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