

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

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

MAR 28 12 18 PM



SECRETARY OF STATE
STATE OF IDAHO

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

Medicine Roots

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

Robert Nuckols Salmon River Route
Box 279
Riggins, ID 83549

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 628-3503

Medicine Roots
PO Box 279
Riggins, ID 83549

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

Robert Nuckols
PO Box 279
Riggins ID 83549

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

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 03/28/1997
0900 77575 2
CK #: CASH CUST# 78953
ASSUM NAME 10 20.00= 20.00

: D

Signature: Robert Nuckols

Printed Name: Robert Nuckols

Capacity: President

(see instruction # 8 on back of form)

Revision 2/87

g:\corpforms\abn.pms