| 227   |  |
|---|--|
| CERTIFICATE OF<br>ASSUMED BUSINESS NAM<br>Pursuant to Section 53-504, Idaho Code, the unders<br>submits for filing a certificate of Assumed Business I<br><u>Please type or print legibly.</u><br>NOTE: See Instructions on reverse before filing   | signed<br>Name. 2004 AUG 27 AV   |
| NOTE: See instructions on reverse before filing.       SECULIANY<br>STATE OF IDAHO         1. The assumed business name which the undersigned use(s) in the transaction of business is:         Ageless Hearts  |  |
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:<br><u>Name</u><br><u>Kathleen</u> Hills <u>954</u><br>Ea   | Complete Address<br>N. Grey Pebble Way   |
| <ul> <li>3. The general type of business transacted under the a</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul> 4. The name and address to which future correspondence should be addressed: <ul> <li>KAHWEEN</li> <li>Ageless</li> <li>Hearts</li> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ul> |  |
|   | Secretary of State use only  |
| Signature: <u>Kathleen</u> Heb<br>(signature required)<br>Printed Name: <u>Kathleen Hills</u><br>Capacity/Title <u>CHP (certified home</u><br>(see instruction # 8 on back of form) Provider  | IDAHO SECRETARY OF STATE<br><b>08/27/2004 05::00</b><br>CK: 8449 CT: 158010 BH: 763153<br>1 8 25.00 = 25.00 Assum Mame # 2 |
|   | D79525   |