(Please type or print leg	
To the SECRETARY OF STATE, STATE OF	FIDAHO The undersigned
gives notice of adoption of an Assume 1. The assumed business name which the the business is:	
NuVida Enter,	prises STATE OF STATE
The true name(s) and business address(see business under the assumed business name Name	es) of the entity or individual(s) doing ame is/are: Complete Address
ann Fhowe	314 West Third Street
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed: 314 West Third Street Shoshone, 1D 83355	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: ANN F 60 WE Capacity: CWNER (see instruction # 8 on back of form)	GEO TO SECRETARY OF STATE
•	65/14/2661 69:06 CK: 3864 CT: 192114 BH: 397893
	1 @ 20.00 = 20.00 ASSUM NAME 1 2

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