

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

1. The assumed business name which the undersigned use(s) in the transaction of business is: **EcoErgonomic and Naturopathic Health Center**
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:
Name: Complete Address

Gloria E. Gilbere, LLC.

(W-16531)

P.O. Box 3220

Bonnerr Ferry, ID 83805

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

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

4. The name and address to which future correspondence should be addressed: Gloria E. Gilbere, LLC, P.O. Box 3220, Bonners Ferry, Idaho 83805
5. Name and address for this acknowledgment copy is (if other than #4 above):

Signature:

Gloria E. Gilbere

Printed Name:

GLORIA E. GILBERE

Capacity:

OWNER

TRAVEL SECRETARY OF STATE

10/18/2001 05:00
CK: 5123 CT: 95424 BH: 424923
1 @ 20.00 = 20.00 ASSUM NAME # 2

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