CERTIFICATE OF ASSUMED BUSINESSEDANTE ECTIVE

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.			
1. The a busin	ess is: NutriSolution		
2. The to busin	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name		
_ <i>_0</i> _K	3 /1 / 1	518 W. Georgia Ave., Nampa, 12 518 W. Georgia Ave., Nampa, 12	
3. The g	The general type of business transacted under the assumed business name is:		
	The name and address to which correspondence should be addressed:		
1518 W. Georgia Ave., Nampa, 10 83686 Signed Dutin 12 uther, Howtwo Det			
By			
	Capacity_	ownes (sole Proprietors)	
-	it Certificate of Assumed ess Name and \$20.00 fee to:	Customer # Secretary of State use only	
700 \ PO B	etary of State Vest Jefferson ox 83720 ID 83720-0080	IDAHO SECRETARY OF STATE 10/08/2002 05:00 CK: 5007 CT: 158010 BH: 574888 1 0 20.00 = 20.00 ASSUM NAME # 2	

D58903