

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

97 JUL 11 PM

SECRETARY OF STATE
STATE OF IDAHO

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

Health-Mates

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

| Name | Complete Address |
|----------------------|---|
| <u>Lettie Kline</u> | <u>1680 E Stadler Ct Eagle</u> |
| <u>Cindy Amandus</u> | <u>279 Amanita St Eagle</u> <u>83616</u> |

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)

1680 E. Stadler Ct
Eagle, Id 83616

(208) 939-6222

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

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

Signature:

Lettie Kline

Printed Name:

Lettie Kline

Capacity:

partner

(see instruction # 8 on back of form)

Revision 2/87

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Secretary of State use only
IDAHO SECRETARY OF STATE

07/14/1997 09:00
CK: 1957 CT: 84173 BH: 28947

1 @ 20.00 = 20.00 ASSUM NAME

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