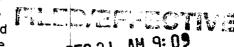


CERTIFICATE OF ASSUMED BUSINESS NAME

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



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| Please type or print legibly. NOTE: See instructions on reverse before | STATE OF IBANIA |
|--|--|
| The assumed business name which the unbusiness is: ALL NATURAL | dersigned use(s) in the transaction of |
| 2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name | of the entity or individual(s) doing |
| Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: David Englesby PO Box 2347 McCall, ID 83638 | 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 |
| 5. Name and address for this acknowledgmer copy is (if other than # 4 above): | Phone number (optional): 308~634-1586 |
| Signature: David Englesby Capacity: DWNer | Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 12/21/2001 05:00 CK: 1014 CT: 154865 BH: 436850 1 20.00 = 20.00 ASSUM MANE # 2 |

(see instruction #8 on back of form)