



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

2002 MAY 13 AM 10: 04

SECRETARY OF STATE
STATE OF IDAHO

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

Melaleuca The Wellness Company

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

Name

Melaleuca, Inc.

C 79294

Complete Address

3910 S. Yellowstone Hwy.

Idaho Falls, Idaho 83402

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

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

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

4. The name and address to which future correspondence should be addressed:

Melaleuca, Inc. Legal Department

3910 S. Yellowstone, Hwy.

Idaho Falls, Idaho 83402

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

Phone number (optional):

208-522-0700

Secretary of State use only

Signature:

(signature required)

Printed Name: McKay Christensen

Capacity/Title: Chief Operating Officer

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
05/13/2002 05:00
CK: 250329 CT: 150010 BH: 465468
1 @ 20.00 = 20.00 ASSUM NAME # 2

DS/PA/13