FILED/EFFECTIVE

2002 JUL 29 AM 9:15
SECRETARY OF STATE
STATE OF IDAHO

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.

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

   JH Nutrition and Weight Loss

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
Tammi Hardiman	705 W Garfield Bay Rd Sagle, ID 83860

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

- [x] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

   Tammi Hardiman
   705 W Garfield Bay Rd
   Sagle, ID 83860

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 acknowledgment copy is (if other than # 4 above):

Phone number (optional): 208-263-5742

Signature: Tammi Hardiman
(signature required)

Printed Name: Tammi Hardiman

Capacity/Title: Owner
(see instruction # 8 on back of form)

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Revised 07/2002

Secretary of State use only

IDAHO SECRETARY OF STATE
07/29/2002 05:00
CK: 3831 CT: 150810 BH: 479489
1 @ 20.00 = 20.00 ASSUM NAME # 2

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