## CERTIFICATE OF ASSUMED BUSINESS NAME

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

65 JAN - 4 PH 4: 18

FILED LIFE CHIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:      Mrs. Beesley's Healthy Foods	
- Retail Hade	ler the assumed business name is:
<ul> <li>Wholesale Trade</li> <li>Services</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:      Gary A. Evans	Secretary of State 700 West Jefferson Basement West PO Box 83720
10370 Overland Road Boise, ID 83709	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
gnature: (signature required) Finted Name: Gary A. Evans	STORY   STATE
apacity/Title: President	01/05/2006 05:0 CK: 9415 CT: 195592 BH: 9301