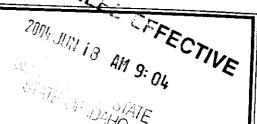
CERTIFICATE OF ASSUMED BUSINESS NAME

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: Olde Herb & Health 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 eborah Rai 2200 E. 3. The general type of business transacted under the assumed business name is: X Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than #4 above): Dame as Secretary of State use only

mstabn formstabn.pf vised 04/2003

Printed Name: De boyah Ray

Capacity/Title: Solo Propus Toyah

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

96/18/2004 05 = 00

CK: 1 CT: 158010 BH: 751188

1 2 25.00 = 25.00 ASSUM MAME # 7