

02157

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

PICTURE OF HEALTH

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

Lynn A. MINIETTA PO BOX 6896 Ketchum
ID 83340

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

SERVICES
See categories on the reverse

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

1 LYNN MINIETTA
PO BOX 6896 Ketchum ID 83340

Signed Lynn A. Minietta
By _____
Capacity _____

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/96
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IDAHO SECRETARY OF STATE
DATE 03/13/1997
0900 72631 2
CK #: 1 CUST# 78128
ASSUM NAME 1@ 20.00= 20.00

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