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CERTIFICATE OF ASSI	UMED BUSINESS NAME OCA
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, I gives notice of adoption of an	Idaho Code, the undersigned
The assumed business name which the business is:  LA Wealt Le	undersigned use(s) in the transaction of
<ol> <li>The true name(s) and business address business under the assumed business n</li> </ol>	name is/are:
Name	Complete Address
Ellison Enterprises, Inc.	559 S. Woodruff Ave. 3 Idaho Falls, ID 83401
<ol> <li>The general type of business transacted (mark only those that apply)</li> </ol>	under the assumed business name is:
Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
1. The name and address to which future correspondence should be addressed:	Phone number (optional); 208-552-4913
LA Weight Loss Centers  559 S. Woodruff Aug.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Ida no Falls, ID 83401  Name and address for this acknowledgm copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
ature: Valerie Bodely	Secretary of State use only

Sig Printed Name: Valevie

Capacity: Corporate

(see instruction #8 on back of form)

10/25/2004 05:06 CK: 4153 CT: 176218 BH: 773879 @ 25.00 = 25.00 ASSUM NAME # 3

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