FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

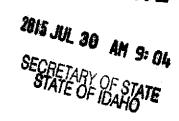
Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

Printed Name:

Signature:____



1)180573

1. The assumed busine	ss name which the undersi	gned use(s) in the	e transaction of bu	ısiness	is:
LUXEN ORGANI	CS				
	entity names and business ss name (do <u>not</u> include the na			ess unde	er
OVO SUPPLEMENTS,			MERIDIAN	ID	83646
(Name) W 1475	72 (Address)		(City)	(State)	(Zipcode)
(Name)	(Address)		(City)	(State)	(Zipcode)
(Name)	(Address)		(City)	(State)	(Zipcode)
(Name)	(Address)		(City)	(State)	(Zipcode)
	Agriculture Manufacturin	U Ming Fina	ince, Insurance, a	nd Rea	l Estate
. Mailing address for fu	uture correspondence:	5. Name and copy is (if of	address for this a	cknowle	edgment
SHANNON PAYNTE	R	• • • • • • • • • • • • • • • • • • • •	,		
ame) 233 E OAKCREST	DRIVE	(Name)			
Address) MERIDIAN	ID 83646	(Address)			
City)	(State) (Zipcode)	(City)	(Sta	ate)	(Zipcode)
Printed Name: SHANNON PAYNTER			Secretary of State use only		
ignature:		IDAHO SECRETARY OF STATE 07/30/2015 05:00			
Printed Name:			7198636965 CT 25.00 = 25.0		

Rev. 06/2015