

# 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.

FILED

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

Contours Health & Nutritional

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

Name	Address	Physical Add.
<u>Jim Brown</u>	<u>PO Box 674 Sandpoint Id. 83864</u>	<u>308 Humboldt Kootenai Id. 83840</u>
<u>Monica Robbins</u>	<u>"</u>	<u>"</u>

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

Retail Trade

See categories on the reverse

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

JAMES BROWN & MONICA ROBBINS  
PO Box 674 Sandpoint Id 83864

Signed

Jim Brown  
Monica Robbins

By

Capacity General partner

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

IDAHO SECRETARY OF STATE

04/30/1999 09:00  
CX: 34935 CT: 114022 BH: 212195

1 @ 20.00 = 20.00 ASSUM NAME # 2

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