

Signature:

Capacity/Title:

Printed Name: SUZAINIE

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 APR -5 AM 9: 11

SECRETARY OF STATE STATE OF IDAHO

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: TETON SAGE AYURUEDA 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 SUZANNE LEUSCH 64 N 900 S VICTOR, ID 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: Basement West 64 W 9005 PO Box 83720 Boise ID 83720-0080 93422 VICTOR 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only

> offormstabn formstaf Revised 04/2003

IDAHO SECRETARY OF STATE 04/05/2007 05:00 CK: 1601 CT: 158010 BH: 1844996 8 25.80 = 25.80 ASSUM NAME # 2

D110164