· · · Beskarsföldular, Seit	
CERTIFICATE OF ASSUM (Please type or print legibly. Se	
To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	E OF IDAHO
 The assumed business name which the uno business is: 	dersigned use(s) in the transaction of
<u>Get Back Your Health</u> 2. The true name(s) and business address(es business under the assumed business name	i) of the entity or individual(s) doing ne is/are:
Clifford E. Floyd 2	542 W. Parkstone Drive
	Meridian, Idaho 83642
3. The general type of business transacted u (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estime
 The name and address to which future correspondence should be addressed: 	Phone number (optional):
<u>Get Back Your Health</u> <u>MARKE 1994</u> 2542 W. Partste Meridian, Id. 83642	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	100 11631 001101001
 Name and address for this acknowledgm copy is (if other than # 4 above). 	PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	E IDANO SECRETARY OF STATE
Signature: Clifford Florid	CK: 8198 CT: 185487 WH: 154198
Printed Name: <u>CLIFFORD</u> FLOTO Capacity: <u>President</u> (see instruction # 8 on back of form)	D 19175
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