



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 NOV 20 AM 9:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

A Wellness Lab

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

Name

NDZT, Inc.

(C15B429)

Complete Address

238 Martin Street, Twin Falls, Idaho 83301

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

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input checked="" type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

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

NDZT, Inc.

238 Martin Street

Twin Falls, Idaho 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature:

Printed Name: Dr. Richard Powell

Capacity/Title: President

Signature:

Printed Name:

Capacity/Title:

Secretary of State use only

IDaho SECRETARY OF STATE

11/20/2014 05:00

CK:3647 CT:290488 BH:1450108
1@ 25.00 = 25.00 ASSUM NAME #2

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