Capacity/Title:\_\_\_\_

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

2015 JUL 29 AM 8: 35

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

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 unders business is:  Life Matters: If not NOW, a	
	the entity or individual(s) doing  Complete Address  60 Old Pollock Rd. Pollock 83547  0 Boz 257, Pollock IP 83547
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture	d Public Utilities
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:    Heidn Mead   Pobox 251     Pollock IP 83547	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):	
	Secretary of State use only
Printed Name: Neidy 5 Meach	10AHO SECRETARY OF STATE 07/29/2015 05:00
Capacity/Title: //www.f/DperatoC Signature:	CK:1488 CT:88596 BH:1485804 16 25.00 = 25.00 ASSUM NAME #
Printed Name:	1)180537
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