



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2005 FEB 28 10:41
TWIN FALLS, ID

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

Essentialifestyles

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

Bob J. Williams

386 Eric's Ct., Twin Falls, ID 83301

Denise L. Williams

386 Eric's Ct., Twin Falls, ID 83301

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Bob J. Williams

386 Eric's Ct., Twin Falls, ID 83301

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Bob J. Williams

Capacity/Title: _____

President

(see instruction # 8 on back of form)

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Revised 04/2002

IDAHO SECRETARY OF STATE
02/28/2005 05:00
CK: NO CK # CT: 150010 BH: 795505
1 @ 25.00 = 25.00 ASSUM NAME # 2

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