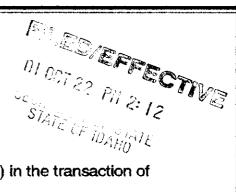


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

OTE: See instructions on reverse before filing.



| NOTE: See instructions on reverse perore | THIPG. $\sim CF ID_{AHO}^{G} GAIE$ |
|--|---|
| The assumed business name which the unde business is: | |
| Nature's Source | |
| 2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name MarTha Tacobs L | f the entity or individual(s) doing Complete Address 15 EAST Commercial Weiser, IO 83672 |
| 3. The general type of business transacted under | er the assumed business name is: |
| Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Nature's Source | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 |
| P.O. Box 2 Weiser ID 83672 | Boise 1D 83720-0080 208 334-2301 |
| Name and address for this acknowledgment copy is (# other than # 4 above): | Phone number (optional): |
| | CK. # 536 |
| | Secretary of State use only |
| Signature: Martha Jacobs Printed Name: Martha Jacobs Capacity: Owner (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE 10/22/2001 05:00 CK: 536 CT: 148951 BH: 425623 1 2 20.00 = 20.00 ASSUM NAME # 2 |

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