

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

1997 11 7 AM 9:23

1. The assumed business name which the undersigned uses in the transaction of business is:

VIBRANT HEALTH

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

Name

Complete Address

LESLEY CHAPMAN

HC01 Box 332-E Naples
ID 83847

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional): _____

LESLEY Chapman

HC01 Box 332-E

Naples, ID 83847

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

10/17/1997 09:00
CK: 603422048 CT: 88628 DR: 47763

1 @ 20.00 = 20.00 ASSUM NAME

09000

Signature: Lesley Chapman

Printed Name: LESLEY CHAPMAN

Capacity: OWNER

(see instruction # 8 on back of form)