

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

08 OCT -6 AM 9: 44

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filir	STATE OF IDAHU
1. The assumed business name which the undersigned use(s) in the transaction of business is:  Reclaimed Life	
	ne entity or individual(s) doing  Complete Address  Bok 91 Hammell, TD 83627  Bok 91 Hammell, TD 83627
B. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Reclaimed Life F.O. Bok 9/ Hamnett, ID 83627	Idaho Secretary of State 450 N 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
inature: (elgrature required)  nted Name: DENTS F LICES  spacity/Title: Quine  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/06/2008 05:( CK: 4715 CT: 230318 BH: 1130

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