

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

98 MAY 22 AM 8:30



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.

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

Eagle Nutritional Concepts

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
<u>Cory J. Leinberger</u>	<u>1422 N. TRAIL Creek Way</u>
	<u>Eagle, ID 83616-4090</u>

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Eagle Nutritional Concepts
1422 TRAIL Creek Way
Eagle, ID 83616-4090

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

05/22/1998 09:00
CL: 1743 CT: 99104 IN: 112935

10 20.00 = 20.00 ASSUM NAME

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97

g:\cop\form\abn.pms

D15249