

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 FEB 14 AM 9: 02

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	Cognitive	Supplements	
2.	The true name(s) and <u>business</u> address(establishess under the assumed business name  Name  Biosop, LLC  W 75198	me:	Complete Address prook Lane
3.	The general type of business transacted u  Retail Trade Transportatio  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Public	
4.	The name and address to which future correspondence should be addressed:  Biosop, LLC  615 Castlerock Lane Idaho Falls, ID 83404		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	
Printe Capa	ture:		Secretary of State use only
Signature:			IDANO SECRETARY OF STATE  @2/14/2011 @5:00  CK: 1905 CT: 253852 BH: 1259844  1 0 25.00 = 25.00 ASSUM NAME # 2

D145273

abn.pmd Rev. 07/2010