



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **2005 DEC -5 PM 2:24**
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Treasure Valley Wellness Clinic

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

Name

Complete Address

Baker Metabolic Enterprises, Inc.

280 E. Corporate Dr., Suite 230 Meridian, ID 83642

280 E. Corporate Dr., Suite 230 Meridian, ID 83642

C1511653

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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

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

Patricia Baker

280 E. Corporate Dr., #230

Meridian, ID 83642

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

Phone number (optional):

208-846-9415

Secretary of State use only

Signature: Patricia Baker

(signature required)

Printed Name: Patricia A. Baker

Capacity/Title: President

(see instruction # 8 on back of form)

g:\corpforms\abn forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
12/06/2005 05:00
CK: 1742 CT: 158010 BH: 925313
1 @ 25.00 = 25.00 ASSUM NAME # 2

094187