

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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:

Nature's Pharmacy

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

Kary A Peterson

133 west 200 north
Malad City Idaho 83252

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

☒ Retail Trade☒ Manufacturing[illegible]

Transportation and Public Utilities

☒ Wholesale Trade☐ Agriculture[illegible]

Finance, Insurance, and Real Estate

☒ Services

7

Construction

7

Mining

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

Kary Peterson

133' west 200 north

Malad City Idaho 83252

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

Signature:

Kary Peterson

Printed Name:

Kary A Peterson

Capacity:

Owner/Proprietor

(see instruction # 8 on back of form)

Revision 2/97

1. learn form slabs pmg

IDAHO SECRETARY OF STATE
 09/18/2001 05:00
 CK: 5228 CT: 151367 BH: 419546
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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