



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

06 JUL 19 AM 11:03

SECRETARY OF STATE
STATE OF IDAHO

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

ARCHANGEL NUTRITION

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

ROBERT JC MORGAN

967 E PARKCENTER BLVD STE 418
BOISE ID 83706

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

ARCHANGEL NUTRITION
967 E PARKCENTER BLVD STE 418
BOISE ID 83706

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

Phone number (optional):

208 861 6433

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

Secretary of State use only

Signature: _____

(signature required)

Printed Name: ROBERT JC MORGAN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/19/2006 05:00
CK: 861748 CT: 172899 BH: 965787
1 @ 25.00 = 25.00 ASSUM NAME # 2

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