



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

2005-04-01 9:01

SECRETARY OF STATE

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

Soldance Wellness

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

Lynda L. McNab

617 W. North St.

Andrew J. McNab

Grangeville, ID 83530

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

- | | |
|--|--|
| <input 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 | |

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

Lynda L. McNab

Rt 2 Box 330

Grangeville, ID 83530

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

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

Phone number (optional):

208-983-0520

Signature:

Lynda L. McNab
(signature required)

Printed Name:

Lynda L. McNab

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\lbn form\lbn form.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
02/24/2005 05:00
CK: 5381 CT: 150010 BH: 794063
1 @ 25.00 = 25.00 ASSUM NAME # 2
D 84885