	FILE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed	S NAME the undersigned Business Name.
Please type or print legibly. NOTE: See instructions on reverse bef	
1. The assumed business name which the up business is: The Healthy Way	
2. The true name(s) and business address(e business under the assumed business na Name	es) of the entity or individual(s) doing ime: 1390/ Farm to Market Rel McCall, ID 83638
<ul> <li>3. The general type of business transacted in Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> </ul>	on and Public Utilities n Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5. Name and address for this acknowledge copy is (if other than #4 above): <u>Inna Lamot kina</u> 13901 Farm to	6347083,6303299 Secretary of State use only
<u>Market Rd Melal</u> <u>ID</u> , 83638 Signature: Printed Name: <u>Thna Lamotkina</u> Capacity/Title: <u>OWNEr</u> (see instruction # 8 on back of form)	ramsiabn p6