CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

OF STATE STATE OF IDAHO

OF STATE STATE OF IDAHO

Considered

| gives notice of adoption of an Assumed Business Name. OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of | |
|--|--|
| business is: | |
| BioScentials | |
| The true name(s) and business a business under the assumed bus | iddress(es) of the entity or individual(s) doing siness name is/are: |
| Name | Complete Address |
| Bioscentials, L.L. C. | 435 E Center |
| | Downey, ID 83234 |
| The general type of business tran (mark only those that apply) | nsacted under the assumed business name is: |
| wholesale Trade Agr | nufacturing |
| The name and address to which correspondence should be address. | future Phone number (optional):essed: |
| BioScentials | Submit Certificate of |
| Patricia S. Davis | Assumed Business |
| PO Pov 324 | Name and \$20.00 fee to: |
| PO Box 324, Pocatello, ID 8 | Secretary of State |
| 5. Name and address for this ackno | 700 West Jefferson bwledgment Basement West |
| COPY IS (if other than # 4 above): | PO Box 83720 |
| | Boise ID 83720-0080 |
| The state of the s | 208 334-2301 |
| | Secretary of State use only |
| | IDAHO SECRETARY OF STATE |
| Signature: Struens Janes | CK: 584 CT: 131333 BH: 328086 |
| Printed Name: Patricia 5 Davi | <u> </u> |
| | ٠ . |
| Capacity: Manager (see instruction # 8 on back of form) | $\frac{5}{20.00} = 20.00$ ASSUM NAME # 2 |