

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

11 MAY 24 PM 3: 14

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the unbusiness is: Salud y Bionestan	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Λανιζα Ε. Ηντιώο	
3. The general type of business transacted up	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 5254 Fairview Ave - Boise, ID 83706	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above): P.O. Mox 1144 Eugle JTP 8366	nt
Signature: My Junessa E. Hytado	Secretary of State use only
Capacity/Title: Owner	IDAHO_SECRETARY_OF_STATE
Signature:	95/24/2011 95:00 CK: CASH CT: 158010 BH: 1275155 1 8 25.00 = 25.00 ASSUM NAME : 2
Printed Name:	TE COLOD - COLOD HOSTEN WHILE & C
Capacity/Title:	1)147866

abn.pmd Rev. 07/2010