

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 30 PM L: L7 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

SECRETARY UP STATE

NOTE: See instructions on reverse before filing.

The assumed business name which the under business is: Healing Foods	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name TCB Hanufacturing Corp. Aba Time Laboratories 1.05074 3. The general type of business transacted und	complete Address 100 S. Arthur Ave. Ste 101 focatello, In 83204
	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Signature: Signature: (signature required) Printed Name: End. Mayors Capacity/Title: (see instruction # 8 on back of form)	Secretary of State use only Company Compa