

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

5/20/98


 STATE OF
IDAHO
MAY 22
A.D. 25

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

GT HEALTH AND NUTRITION

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>Terence BAXTER</u>	<u>SAME</u>
<u>GAIL BAXTER</u>	

401 VISTA DR
COEUR D'ALENE, ID

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Terence & GAIL BAXTER
401 VISTA DR.

COEUR D'ALENE, ID, 83815

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

SAME AS ABOVE

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

05/22/1998 09:00
CX: 2525 CT: 99130 BH: 113097

1 @ 20.00 = 20.00 ASSUM NAME

D 15261

Signature: Terence M. Baxter
TERENCE M. BAXTER

Signature: Gail Y. Baxter

Printed Name: GAIL Y. BAXTER

Capacity: OWNERS

(see instruction # 8 on back of form)