



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 JUN 16 AM 8:41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE
OF IDAHO

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

Total Health

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

Name

Complete Address

Lana M. Ropp

2420 N.E. 23rd Ave., Payette, ID 83661

Melody D. Goodman

211 N. Kansas Ave., Fruitland, ID 83619

3. The general type of business transacted under the assumed business name is:

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

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

Melody Goodman
211 N. Kansas Ave.
Fruitland ID 83619

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

Phone number (optional):

452-2343

Signature: Lana M. Ropp

(signature required)

Printed Name: Lana M. Ropp

Capacity/Title: owner, partner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\labn_forms\labn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
06/16/2004 05:00
CK: 2271 CT: 158010 BH: 758677
1 @ 25.00 = 25.00 ASSUM NAME # 2

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