

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 NOV 30 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

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

 The assumed business name which th business is: 	ne undersigned use(s) in the transaction of
Happy Tummy Colonics	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Susan L Foushee	
Wholesale Trade Construction	tation and Public Utilities ction
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed. Susan L Foushee	450 North 4th Street PO Box 83720
1609 E Huntley Avenue	Boise ID 83720-0080 208 334-2301
Coeur d'Alene, ID 83815	200 004 2001
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
gnature: Susan L. Foushee	Secretary of State use only
inted Name: Susan L Foushee	
apacity/Title: Owner	_
gnature:	
inted Name:	IDANO SECRETARY OF STATE
apacity/Title:	11/30/2012 05:08 CK: 1939 CT: 158018 RH: 134944 1 0 25.00 = 25.00 ASSUM NAME

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