CERTIFICATE OF ASSUMED BUSINESS NAME

| To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho adoption of an Assumed Business Name | Code, the undersigned gives notice of |
|---|---|
| The assumed business name which to business is: THE BODY | he undersigned use(s) in the transaction of |
| The true name(s) and business address business under the assumed business. | ess(es) of the entity or individual(s) doing s name is/are: |
| <u>Name</u> | <u>Address</u> |
| BONNIE MARA | PO 6529 |
| | KETCHUM-IDAHO |
| 3. The general type of business transact | ed under the assumed business name is: |
| ARDMA - THERAPY SE See categories on the reverse | SIN/BODY CAPE PRODUCTS |
| 4. The name and address to which corre | II |
| PO 6529 KETO | CHUM IDAHO 83340 |
| Sign | ed Bannie Mara |
| Ву | |
| Сара | acity Owner - |
| Submit Certificate of Assumed Business Name and \$20.00 fee to: | Customer# |
| | Secretary of State use only |
| Secretary of State 700 West Jefferson | Revalaiory 10290 |
| PO Box 83720 | · · |
| , Boise ID 83720-0080 | IDANO SECRETARY OF STATE DATE 03/10/1997 |
| 1 | DATE 03/10/1997 5 0900 71394 2 07 1 124 01511 77931 |