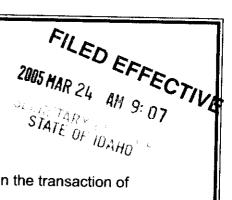


## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



Natural Solutions For Pain, Weight Loss & Longevity	
The true name(s) and business address(es) business under the assumed business name Name     Cathy Henderson Starr	of the entity or individual(s) doing e: Complete Address 332 Montana Street, Gooding, Idaho 83330
The general type of business transacted und	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture	and Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Cathy Henderson Starr  332 Montana Street	Basement West PO Box 83720 Boise ID 83720-0080
Gooding, Idaho 83330	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208)934-4226
	Secretary of State use only
nature: Cathy Henderson Stare	omslabn.p65
ted Name: Cathy Henderson Starr acity/Title: Owner	Sod national design of state of secretary of secreta
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STAT 93/24/2005 95: CK: 2300 CT: 158010 DH: 8 1 0 25.00 = 25.00 ASSUM N

D85991