## FILED EFFECTIVE

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned SECRETARS OF MAHO

SUMPLIFICATION

STATE OF TOTAL

STATE OF TOT

Please type or print legibly.  NOTE: See instructions on reverse before filing.  1. The assumed business name which the undersigned use(s) in the transaction of business is:  A BETTER YOU	
3. The general type of business transacted	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  A BETTER YOU PO BOX 1795 BONNERS FERRY, ID 83805	Submit Certificate of Assumed Business
5. Name and address for this acknowledge copy is (if other than # 4 above).  SAME AS ABOVE	ment Phone number (optional):
	Secretary of State use only
nature: Color Julius (signature required)  nted Name: TED CHEWINGS  pacity/Title: OWNER  (see instruction # 8 on back of form)	- 100

25.00 ASSUM NAME # 2