

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO 00 MAY -9 AM 9:13

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name
STATE OF IDAHO

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

Z Nutrition Source

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

Debra Zaehringer Name Complete Address
P.O. Box 493 Kooskia, ID 83539

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Debra Zaehringer
P. O. Box 423

Kooskia, ID 83539
208-926-4723

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

same as above

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

Signature: Debra L. ZaehringerPrinted Name: Debra L. ZaehringerCapacity: owner

(see instruction # 8 on back of form)

Revision 2/97

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IDAHO SECRETARY OF STATE

05/09/2000 09:00
CK: 971 CT: 138624 RH: 316126

1 @ 20.00 = 20.00 ASSUM NAME # 3

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