

# 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:

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 Zaehring 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 Zaehring  
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

IDAHO SECRETARY OF STATE

05/09/2000 09:00  
CK: 971 CT: 130624 BH: 316126

1 @ 20.00 = 20.00 ASSUM NAME # 3

D35624

Signature: Debra L. Zaehring

Printed Name: Debra L. Zaehring

Capacity: owner

(see instruction # 8 on back of form)

Revision 2/97

g:\comp\format\jobn.pnf