

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

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

APR 11 9 50



SECRETARY OF STATE
STATE OF IDAHO

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

SAGE CREEK HERBALS

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

CHERYL M WARNER #1 RIVER ST. P.O. Box 309 HORSESHOE BEND
10 83629

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 type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 208-793-2482

SAGE CREEK HERBALS
P.O. Box 309
HSB 10 83629

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

DATE 04/11/1997
0900 82021 2
CK #: CUST# 79712
ASSUM NAME 10 20.00= 20.00

: D

Signature: Cheryl M Warner

Printed Name: CHERYL M WARNER

Capacity: SOLE PROPRIETOR - PRESIDENT

(see instruction # 8 on back of form)

Revision 2/97

g:\compform\staben pms