



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2004 MAY 17 A 10:52

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

STATE OF IDAHO  
SECRETARY OF STATE

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

ADVANCED PERFORMANCE NUTRACEUTICALS

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

Name

Clint Furr

Complete Address

1490 Michigan Ln. Boise ID 83706

3. The general type of business transacted under the assumed business name is:

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

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

1490 Michigan Ln.  
Boise ID 83706

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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

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

Phone number (optional):

208-394-2414

Signature: Clint Furr  
(signature required)

Printed Name: Clint Furr

Capacity/Title: owner

(see instruction # 8 on back of form)

Form 53-504  
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/17/2004 05:00  
CK: CASH CT: 158010 BH: 745397  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 76366