

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.

2013 JUL 10 PM 4: 04

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

| Family Life | |
|--|---|
| The true name(s) and <u>business</u> a business under the assumed business under the assumed business. Name | address(es) of the entity or individual(s) doing siness name: <u>Complete Address</u> |
| Family Life, LLC | 422 11th Avenue South |
| W124294 | Nampa, ID 83651 |
| Retail Trade Trar Wholesale Trade Cor Services Agr | nsacted under the assumed business name is: nsportation and Public Utilities nstruction riculture Submit Certificate of |
| ☐ Manufacturing☐ Min☐ Finance, Insurance, and Re | Assumed Rusiness |
| 4. The name and address to which correspondence should be addre Family Life, LLC P.O. Box 1645 Boise, ID 83701 | Secretary of State |
| 5. Name and address for this ackno copy is (if other than # 4 above): | wledgment |
| gnature: 72 V | Secretary of State use only |
| inted Name: Robert Richmond | |
| apacity/Title: Manager, Family Life, LLC | |
| gnature: | |
| rinted Name:apacity/Title: | 97719799 |

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