



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 NOV -6 AM 9:37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Colon CARE Center

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

Name	Complete Address
<u>(Molecular Nutrition)</u>	<u>4473 MT. CARROL ST.</u>
<u>C152644</u>	<u>Coeur d'Alene, Id.</u>
	<u>83815</u>

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

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

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

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

SAME AS ABOVE

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

Phone number (optional):

208.818.3033

Signature: Lolyn Polran
(signature required)

Printed Name: Lolyn Polran

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

9. vcrptforms\slain_forms\slain_p65 Revised 04/2003

IDAHO SECRETARY OF STATE
11/07/2005 05:00
 CK: 1071 CT: 193924 BH: 920721
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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