

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

P and P Nutrition and Weightloss

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

Name	Address
<u>Patricia White</u>	<u>65 N Main Malta Id 83342</u>
<u>Leather White</u>	<u>65 N. Main Malta Id 83342</u>
<u>Patte Kimbber</u>	<u>PO Box 24 Grouse Creek Utah</u>

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

Nutrition + weight loss ^{with} Herbalife
See categories on the reverse

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

P + P Nutrition + Weight loss
PO Box 21 Malta Id 83342

Signed

Patricia White

By

Capacity

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 1096

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IDAHO SECRETARY OF STATE
01/27/2003 05:00
CK: 5690 CT: 158010 BH: 659046
1 @ 20.00 = 20.00 ASSUM NAME # 2

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FILED/EFFECTIVE

2003 JUN 27