



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2003 MAR 11 AM 8:54
SECRETARY OF STATE
STATE OF IDAHO

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

Lifetime Healthy

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

Angela Mabe

7904 Settlers Ave

Boise, Idaho 83704

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:

Angela Mabe DBA Lifetime Healthy
7904 Settlers Ave
Boise, ID 83704

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

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

Phone number (optional):

208-375-7369

Signature:

Angela K Mabe
(signature required)

Printed Name:

Angela K Mabe

Capacity/Title: Owner

(see instruction # 6 on back of form)

Secretary of State use only

D 63341

IDAHO SECRETARY OF STATE
03/11/2003 05:00
CK: 3230 CT: 150010 BH: 667801
1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revised 09/2002