

Printed Name:

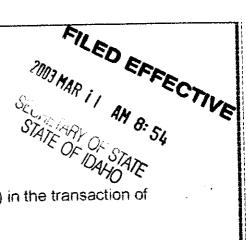
Capacity/Title: Owner

(see instruction # 8 on back of form)

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.



IDAHO SECRETARY OF STATE 03/11/2003 05:00 CK: 3238 CT: 158810 BH: 667801

20.98 ASSUM NAME #

The assumed business name which the unbusiness is: Lifetime Healthy	ndersigned use(s) in the transaction of
The true name(s) and business address(establishess under the assumed business name Name Angela Mable	s) of the entity or individual(s) doing me: Complete Address 1904 Settlers Aul Boise, Idaho 83704
3. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities Submit Certificate of
 Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 	Assumed Business Name and \$20.00 fee to: e Secretary of State 700 West Jefferson Basement West
Angela Mabe DBA Lifetime Hea 7904 Settlers Ave Boise, ID 83704	PO Box 83720 Boise ID 83720-0080 - 208 334-2301
 Name and address for this acknowledgr copy is (if other than # 4 above). 	208-375-7369
Signature. Angla K make	Secretary of State use only D 1334