CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

1.	The assumed business name which the undersigned use(s) in the Aliansa diameter business is:		
	Phyto-Aromatherapy Institute		vad
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 Complete Address		
	ICB Manufacturing Corp.	357 W Center Ste 216	
	0105074	Pocatello	
3.	The general type of business transacted (mark only those that apply) Retail Trade Manufacturi W Wholesale Trade Agriculture	ng 🔲 T	sumed business name is: Transportation and Public Utilitie Tinance, Insurance, and Real E
	(mark only those that apply) Retail Trade	ng 🗌 T	ransportation and Public Utilitic Finance, Insurance, and Real E Mining
	(mark only those that apply) Retail Trade	ng 🗌 T	ransportation and Public Utilitic
4.	(mark only those that apply) Retail Trade	ng	Transportation and Public Utilities Tinance, Insurance, and Real Endining Submit Certificate of Assumed Business
4.	(mark only those that apply) Retail Trade	ng	Fransportation and Public Utilities Finance, Insurance, and Real Endining Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson

029084

Printed Name: Annemarie Buhler

Capacity: President

(see instruction # 8 on back of form)