

FILED EFFECTIVE

# 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 business is:

Radiant Health

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  
CASSANDRA ORJALA

Address  
601 ROSE LN. Cd'A Td.  
83814

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

Services

See categories on the reverse

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

same as above

Signed Cassandra Orjala

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

IDAHO SECRETARY OF STATE  
06/07/2005 05:00  
CK: 2024 CT: 158010 BH: 814569  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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