



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

2002 SEP 16 PM 2:38

STATE OF IDAHO

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

NUTRI VITALITY

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
<u>THE FAMILY SOLUTION INC.</u>	<u>2675 WEST MAIN ST. Ste 100</u>
<u>C 129704</u>	<u>Boise, ID. 83702</u>

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

NUTRI VITALITY
2675 WEST MAIN ST. Ste 100
Boise, ID. 83702

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

JANE

Phone number (optional):

208-331-0100

Signature:

Wayne Thompson
(signature required)

Printed Name:

WAYNE THOMPSON

Capacity/Title:

SEC.

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
09/16/2002 05:00
CK: 18281 CT: 158818 BH: 488483
1 @ 20.00 = 20.00 ASSUM NAME # 2

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