

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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.

97 AUG 25 AM 10:31  
STATE OF IDAHO

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

NATURAL HEALTH CENTER

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
<u>MIKE ALDANA</u>	<u>1430 MOUNTAIN VIEW LN</u>
<u>JENNI TIPPETTS</u>	<u>IDAHO FALLS, IDAHO 83402</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |                                              |                                                 |                                                              |
|----------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing          | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction           | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

SAME

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: Mike Aldana

Printed Name: MIKE ALDANA

Capacity: MANAGER

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

08/26/1997 09:00  
CK: 186968470 CT: 86280 BH: 33084

1 @ 20.00 = 20.00 ASSUM NAME

D 7535

Revision 2/97  
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