



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 JAN 18 AM 9:04

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

VitaliCare

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Pamela A. Shambaugh

Complete Address

1964 E. Three Bars Dr.

Meridian, ID 83642

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Pamela A. Shambaugh

1964 E. Three Bars Dr.

Meridian, ID 83642

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-288-2341

Secretary of State use only

Signature

Pamela A. Shambaugh
(signature required)

Printed Name:

Pamela A. Shambaugh

Capacity/Title:

Owner

(see instruction # 8 on back of form)

g:\corpforms\idn_forms\idn_fm5
Revised 04/2003

IDAHO SECRETARY OF STATE
01/18/2007 05:00
CK: 94 CT: 158010 BH: 1026968
1 @ 25.00 = 25.00 ASSUM NAME # 2

D107284