

Printed Name: <u>/</u>

(see instruction #8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

d 7

FILED/EFF-TIVE

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

2007 AUG 19 PM 3: 09

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned business is: MATURES VITALITY	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Name (C-129 704) Box	Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: NATURES VITALITY JUST MAIN ST. Ste 100 Roise ID. 83707	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): 208-331-0100
ignature: / lagree / homm & g	Secretary of State use only

IDAHO SECRETARY OF STATE

98/29/2992 95 # 99

CK: 1648 CT: 162819 BH: 483644

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