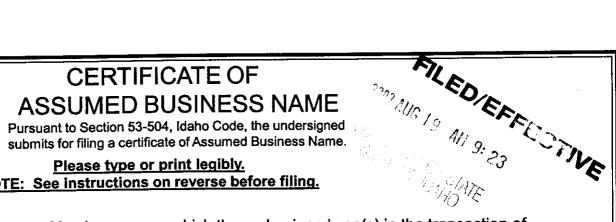


NOTE: See instructions on reverse before filing.



The assumed business name which the undersigned use(s) in the transaction of business is: Overall Wellness!	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Selene Hall	he entity or individual(s) doing Complete Address 1765 Fairfield Rd., Plummer ID 83851
3. The general type of business transacted under the assumed business name is: X	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: Selene Hall	Secretary of State 700 West Jefferson Basement West PO Box 83720
Plummer, ID 83851	Boise ID 83720-0080 208 334-2301 Phone number (optional):
 Name and address for this acknowledgment copy is (if other than # 4 above): 	208-686-0668
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE B
Capacity/Title:(see instruction #8 on back of form)	05748